

SUB BRANCH NOMINATION FORM

We (2 names required), the undersigned FINANCIAL members, hereby nominate:

First name

Surname

For the position of

(President, Vice President, Secretary, Committee Member)

RULE 34 (d) (iv) STATES: "Nominations must be in writing, signed by the member who is nominated and endorsed by at least two financial members and must be forwarded by registered mail or by other means that ensures delivery so as to reach the Returning Officer at least seven days prior to the Annual General Meeting. The Returning Officer shall provide each member with a receipt upon delivery of his/her nomination".

Name (please print)

Address

Signature

Name (please print)

Address

Signature

STATEMENT OF NOMINEE

Name (please print)

Address

Employed at

Workplace

ACCEPT NOMINATION FOR THE ABOVE POSITION IN THIS SUB-BRANCH OF THE HEALTH SERVICES UNION:

Signature

Date