



Traverse City Munson Nurses Association Nomination Form

Instructions

1. All nominations forms must be **RECEIVED** by email at the designated address no later than 5pm on June 9, 2020, in order to be eligible. Nomination forms mailed or delivered to MNA offices will not be accepted.
2. All nominations must have a nominator and be accepted by the nominee – all sections must be filled out. **[PLEASE NOTE YOU MAY NOMINATE YOURSELF AND SIGN AS BOTH NOMINATOR AND CANDIDATE]**
3. All nominators and candidates must currently be employed in bargaining unit positions at Munson Medical Center and must be an MNA dues paying member in good standing.

I hereby nominate (name) _____ for the office/committee **checked** below:

MNA Delegate

_____ Member

Nominator

Signature of person nominating

Job title

Unit/Department

Candidate Acceptance of Nomination

I (signature of candidate) _____ hereby accept the above nomination