HEALTH SCIENCES ASSOCIATION The union delivering modern health care



2026 Nomination Form for HSA Regional Director

We, the undersigned, being members and members in the Region in ques	
(print name in full)	
for the position of regional dire	ector in Region
1.	
(signature)	(printed name)
2 (signature)	(printed name)
I, the undersigned, being a member in good regional director if elected, hereby conser regional director and comply with the obliga	nt to stand for election for the position of
(signature)	(printed name)
(Date)	