HEALTH SCIENCES ASSOCIATION
The union delivering modern health care

HSA

Nomination Form for HSA Regional Director

We, the undersigned, being members in good standing in HSA,
and members in the Region in question, hereby nominate:

_____
(print name in full)

for the position of regional director in Region 5.

1. _____ _____
(signature) (printed name)

2. _____ _____
(signature) (printed name)

I, the undersigned, being a member in good standing in HSA and eligible to serve as regional director if elected, hereby consent to stand for election for the position of regional director and comply with the obligations of office if elected.

_____ _____
(signature) (printed name)

_____
(date)