RIVERVIEW HEALTH CENTRE NURSES
MNU LOCAL 1a
NOMINATION FORM

I, _____ , a Member in good standing of the

Riverview Health Centre, MNU Local 1a, hereby submit my name in nomination for the position of:

_____

_____
Signature

_____
Date

PLEASE PRINT

NAME: _____

ADDRESS: _____

_____

PHONE (Home)**:** _____ (Cell): _____

(Unit)**:** _____

E-MAIL: _____

_____
for NOMINATING COMMITTEE

Submit completed form to the Vice-President of Local 1a