

## SUB-BRANCH NOMINATION

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".*

**Member 1:** \_\_\_\_\_

(please print)

Address: \_\_\_\_\_

Signature: \_\_\_\_\_

**Member 2:** \_\_\_\_\_

(please print)

Address: \_\_\_\_\_

Signature: \_\_\_\_\_

## Statement of Nominee

By accepting this nomination, I agree to abide by the HSU Code of Conduct and the HSU Rules as amended from time to time.

Nominee: \_\_\_\_\_

(please print)

Address: \_\_\_\_\_

*Accept Nomination for the above position  
in this Sub-branch of the Health Services Union:* \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE RETURN TO YOUR RETURNING OFFICER,** \_\_\_\_\_,  
(name)

\_\_\_\_\_, **7 DAYS PRIOR TO YOUR AGM:** \_\_\_\_\_  
(department) (date, time)