



**EXECUTIVE OFFICER:
WORKSITE 72 PRESIDENT
NOMINATION FORM**

I,

(NAME OF NOMINATOR - PLEASE PRINT NAME)

**A member in good standing of Worksite 72 of the Manitoba Nurses Union, do hereby
nominate:**

(NAME OF NOMINEE - PLEASE PRINT NAME)

(NOMINEE MAILING ADDRESS)

(POSTAL CODE)

(NOMINEE PERSONAL EMAIL)

(NOMINEE PERSONAL PHONE)

**A member in good standing of the Worksite 72 of the Manitoba Nurses Union, for
election to the position of Worksite President for the vacant term starting May 1st,
2026, to April 30th, 2027.**

Signed this _____ day of _____ ,

(SIGNATURE OF NOMINATOR)

(NOMINATOR MAILING ADDRESS)

(POSTAL CODE)



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NOMINATION FORM**

Supported by the following MNU members in good standing, of Worksite 72:

1.

_____	_____
(PLEASE PRINT NAME)	(ADDRESS)
_____	_____
(SIGNATURE)	(PERSONAL EMAIL)

2.

_____	_____
(PLEASE PRINT NAME)	(ADDRESS)
_____	_____
(SIGNATURE)	(PERSONAL EMAIL)

I accept the nomination:

(SIGNATURE OF NOMINEE)

CHECKLIST:

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

NOMINATION FORM REQUIRED, BOTH PAGES.

ALL BLANKS ARE FILLED IN THE NOMINATION FORM.

RESUME REQUIRED.

COMPLETED NOMINATION FORMS & CORRESPONDING RESUMES ARE REQUIRED TO BE SUBMITTED TO THE NOMINATIONS COMMITTEE AT worksite72@mymts.net, OR BY LEAVING THEM IN THE MNU MAILBOX IN THE STAFFING OFFICE, NO LATER THAN MIDNIGHT ON MONDAY FEBRUARY 16TH, 2026.

NO OTHER FORM OF CORRESPONDANCE WILL BE EXCEPTABLE.