



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

I,

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**(NAME OF NOMINATOR - PLEASE PRINT NAME)**

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

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**(NAME OF NOMINEE - PLEASE PRINT NAME)**

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**(NOMINEE MAILING ADDRESS)**

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**(POSTAL CODE)**

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**(NOMINEE PERSONAL EMAIL)**

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**(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 1<sup>st</sup>, 2026, to April 30<sup>th</sup>, 2027.**

Signed this \_\_\_\_\_ day of \_\_\_\_\_ ,

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**(SIGNATURE OF NOMINATOR)**

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**(NOMINATOR MAILING ADDRESS)**

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**(POSTAL CODE)**



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

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

**1.**

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(PLEASE PRINT NAME)

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(ADDRESS)

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(SIGNATURE)

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(PERSONAL EMAIL)

**2.**

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(PLEASE PRINT NAME)

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(ADDRESS)

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(SIGNATURE)

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(PERSONAL EMAIL)

**I accept the nomination:**

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(SIGNATURE OF NOMINEE)

**CHECKLIST:**


**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](mailto:worksite72@mymts.net), OR BY LEAVING THEM IN THE MNU  
MAILBOX IN THE STAFFING OFFICE, NO LATER THAN MIDNIGHT ON MONDAY FEBRUARY 16<sup>TH</sup>, 2026.**

**NO OTHER FORM OF CORRESPONDANCE WILL BE EXCEPTABLE.**