



**EXECUTIVE OFFICER:
WORKSITE 72 TREASURER
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 Treasurer for the 2-year term starting May 1st,
2026, to April 30th, 2028.**

Signed this _____ day of _____ ,

(SIGNATURE OF NOMINATOR)

(NOMINATOR MAILING ADDRESS)

(POSTAL CODE)



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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.