



ONA LOCAL 80 Unit Representatives Nomination Form

Please print all information except where signatures are required. Both the Nominators and the Candidate must both be entitled members of ONA.

I, (#1) _____ and (#2) _____
(Print Full Name) (Print Full Name)

Nominate _____
(Print Full Name)

for Unit Rep on Unit _____

(#1) _____
(Signature of Nominator) (ONA I.D. Number)

(#2) _____
(Signature of Nominator) (ONA I.D. Number)

I _____ accept the nomination.
(Print Full Name)

(Signature of Candidate) (ONA I.D. Number)

(Cell#) (Personal E-mail)

(Date)