

2019 Officer Election Candidate Acceptance Form

I, _____, a member in good
(Print full name)
standing of SEIU Healthcare Michigan, accept nomination for the office of:

(Print full name of office sought, including region if applicable)

Name as you wish it to appear on the ballot:

Facility: _____

Signature: _____

Date: _____

Every candidate must complete this form to indicate their willingness to become a candidate. This completed form, along with all signed Nomination Petitions, must be received no later than 5:00 p.m. on May 31, 2019 at the Detroit Union Hall (3031 W. Grand Blvd. STE. 555, Detroit, MI 48202).

This form and nomination petitions may be sent via certified mail or hand delivered to SEIU Healthcare Michigan. Certified mail is strongly encouraged.

Candidates or members with questions about the nomination or election procedures should contact the Chairperson of the Election Committee at ElectionCommittee@seiuhealthcaremi.org. The Chairperson reserves the right to require any candidate or member to submit any questions in writing.