

**Nominating Form For:**

**DELEGATE OR ALTERNATE**

**TO THE SEIU HEALTHCARE DISTRICT 1199 WI ANNUAL MEMBERSHIP CONVENTION**

**To be held during the Annual Meeting OCTOBER 28 - 29, 2009 In Madison**

Nominations for a Chapter's Delegate or Alternate require **one (1) signature** of a member of the Chapter in good standing. Nominees are encouraged to sign their own nomination petitions.

I (we), the undersigned member(s) of the SEIU Healthcare District 1199 WI Chapter at

\_\_\_\_\_

hereby nominate \_\_\_\_\_ as our Chapter's (select one):

**DELEGATE to the District's Annual Membership Convention in Madison**

**Or**

**ALTERNATE to the District's Annual Membership Convention in Madison**

(**Check only one** position per form - a person may be nominated for both delegate and alternate positions, but you must file separate nominating forms for each position).

I (we) certify that we have been member(s) in good standing for at least two (2) weeks prior to the nomination deadline,

Name (please print)

Signature

1. \_\_\_\_\_

2. \_\_\_\_\_

I am willing to be a Delegate/Alternate.

Nominee's signature \_\_\_\_\_ Date \_\_\_\_\_

(Optional - does not have to be signed in order to file a petition, but it speeds up the process and helps the Election Board if all nominees will indicate that they are willing to be a candidate.)

**Be sure the petition gets to the PO Box: SEIU Healthcare District 1199 WI,  
PO Box 250, Waunakee, Wisconsin 53597 No Later Than  
Noon on Wednesday July 8, 2009**