



## NOMINATION FORM

Please Print

NAME: \_\_\_\_\_

WWID: \_\_\_\_\_ PHONE: \_\_\_\_\_ PAGER: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

\_\_\_\_\_ HOME PHONE \_\_\_\_\_

NOMINATION FOR OFFICE OF \_\_\_\_\_

PRINTED NAME AND SIGNATURE OF 10 OCU MEMBERS IN GOOD STANDING:

	<u>NAME</u>		<u>WWID</u>
1.	_____ Printed name	_____ Signature	_____
2.	_____ Printed name	_____ Signature	_____
3.	_____ Printed name	_____ Signature	_____
4.	_____ Printed name	_____ Signature	_____
5.	_____ Printed name	_____ Signature	_____
6.	_____ Printed name	_____ Signature	_____
7.	_____ Printed name	_____ Signature	_____
8.	_____ Printed name	_____ Signature	_____
9.	_____ Printed name	_____ Signature	_____
10.	_____ Printed name	_____ Signature	_____

\_\_\_\_\_  
SIGNATURE OF NOMINEE

\_\_\_\_\_  
DATE