



KP CNM/WOCN RNs Bargaining Team Nomination Form

I _____ am running to serve on the Bargaining Team OR

I nominate _____ to serve on the Bargaining Team*. If elected I will represent the Kaiser Certified Nurse Midwives and the WOC Nurses in a professional and ethical manner, and work to the level of my best ability. I agree to attend all meetings that require my presence, unless such attendance is prevented by a work schedule conflict or unforeseen personal conflict.

**UNAC/UHCP will contact the person you nominate to confirm their interest in being placed on the Bargaining Team ballot prior to conducting the election.*

My name and title should appear on the election ballot as follows (please print):

Name: _____ Title: _____

Signature _____ Date: _____

*This form must be received via FAX no later than
5:00 p.m., Monday, December 19, 2011*

*Please fax to the UNAC/UHCP State Office at (909)599-8655,
to the Attention of Bill Rouse.*

**PLEASE RETAIN THE COPIES OF THE FAX TRANSMITTAL TO VERIFY RECEIPT.
IF FAX TRANSMITTAL STATES "CHECK REMOTE LOCATION," FAX WAS NOT SUCCESSFUL AND MUST BE RESENT.**

Complete the following:

Current Home Address: _____

Phone Number: (Home) _____ (Cell) _____

Home Email Address: _____