

GROUP NAME:		
DEPT/AGENCY:		
NOMINATION FO	R THE POSITION OF:	
We, the undersi	gned financial members o	of the above group electorate of the PSA, nominate:
Firstname:		SURNAME:
Worksite Address:		
Phone (9-5):		Membership Number:
Candidate's reside	ntial postal address:	·
EACH NOMINATION N 1. Nominator:	MUST BE SIGNED BY TWO OTI	HER FINANCIAL MEMBERS OF THE GROUP ELECTORATE
Firstname:		SURNAME:
Signature:		Membership Number:
2. Seconder:		
Firstname:		SURNAME:
Signature:		Membership Number:
Signature of Dated this ECEIPT: Acknowled ANDIDATE INFORMallot material should	day oflgement of the receipt of your of the receipt of your of the state of the provide a brief statem	