Date:

Print Your Name:

**Nomination Process:** You may nominate yourself or another union member for the following positions. **The nomination form must be returned by 2/10/19** via email to ljsavalli@outlook.com or postmarked by 2/10/19 and mailed to PFNHP PO Box 584 Middlebury VT 05753.

**Officers**
\* President:
\* Vice President:
\* Secretary:
\* Treasurer:

**Unit Representatives**
Birthing Center (up to three):

Surgical Services (up to two):

Emergency Department (up to two):

Medical/Surgical, including RN Clinical Analysts (up to three):

Acute Rehabilitation Unit/Helen Porter (1):
Memory Care/Helen Porter (1):
Long Term Care/Helen Porter (1):
Porter Practice Management (1):
Per Diem (1):