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):