○     **UNITED UNIVERSITY PROFESSIONS**     ○

Please read the enclosed Call for Nominations and Instructions before completing this form. Any Academic Member may nominate candidates for the following offices. You must print and sign your name as the person nominating candidates (including yourself).

**Buffalo HSC Chapter Official Nominating Form**     **40808: Academic**

**Nominating Form for General and Academic Offices Only – Term For Each Position June 1, 2019 Through May 31, 2021**

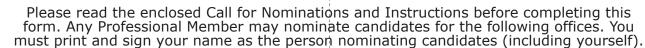**BLOCK PRINT YOUR NAME:** _____

**SIGN YOUR NAME:** _____

| **BLOCK PRINT CANDIDATE'S NAME** | **CANDIDATE'S SIGNATURE REQUIRED** |
|---|---|
| **PRESIDENT AND DELEGATE:** | |
| • *PRINT CANDIDATE'S NAME* | *CANDIDATE'S SIGNATURE* |
| **VICE PRESIDENT FOR ACADEMICS AND DELEGATE** | |
| • *PRINT CANDIDATE'S NAME* | *CANDIDATE'S SIGNATURE* |
| **OFFICER FOR CONTINGENTS AND DELEGATE: (**May be full-time or part-time member.**)** | |
| • *PRINT CANDIDATE'S NAME* | *CANDIDATE'S SIGNATURE* |
| **OFFICER FOR RETIREES:** (Not a Delegate) | |
| • *PRINT CANDIDATE'S NAME* | *CANDIDATE'S SIGNATURE* |
| **SECRETARY:** | |
| • *PRINT CANDIDATE'S NAME* | *CANDIDATE'S SIGNATURE* |
| **TREASURER:** | |
| • *PRINT CANDIDATE'S NAME* | *CANDIDATE'S SIGNATURE* |
| **MEMBERSHIP DEVELOPMENT OFFICER** | |
| • *PRINT CANDIDATE'S NAME* | *CANDIDATE'S SIGNATURE* |

## ACADEMIC DELEGATES (You may nominate up to **TWELVE**):

| PRINT CANDIDATE'S NAME | CANDIDATE'S SIGNATURE |
|---|---|
| • *PRINT CANDIDATE'S NAME* | *CANDIDATE'S SIGNATURE* |
| • *PRINT CANDIDATE'S NAME* | *CANDIDATE'S SIGNATURE* |
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| • *PRINT CANDIDATE'S NAME* | *CANDIDATE'S SIGNATURE* |
| • *PRINT CANDIDATE'S NAME* | *CANDIDATE'S SIGNATURE* |

**NOTE:** No UUP or SUNY equipment and/or resources may be used to produce and/or distribute campaign material for UUP elections. This prohibition includes printers, copiers, supplies, campus mail system, e-mail, and **UUPMAIL.ORG OR CAMPUS.EDU** domains from **ANY** computer.

The term of office for **ALL** positions is June 1, 2019 to May 31, 2021. For a nomination to be valid, each nominee must sign this form to indicate a willingness to be nominated and to serve if elected. If a nominee is unable to sign, a notarized statement that the candidate is willing to be nominated and will serve if elected MUST accompany this form. This form must be returned by mail to the Constitution and Governance Committee, UUP, P.O. Box 15143, Albany, NY 12212-5143, and RECEIVED, not postmarked, no later than 5:00 P.M. on Wednesday, February 13, 2019. UUP is not responsible for any delays by the United States Postal Service (USPS) or any private delivery company. Please allow seven to ten days mailing time.

Please read the enclosed Call for Nominations and Instructions before completing this form. Any Professional Member may nominate candidates for the following offices. You must print and sign your name as the person nominating candidates (including yourself).

○ **UNITED UNIVERSITY PROFESSIONS**    ○

**Buffalo HSC Chapter Official Nominating Form**        **40808: Professional**

**Nominating Form for General and Professional Offices Only – Term For Each Position June 1, 2019 Through May 31, 2021**

**BLOCK PRINT YOUR NAME:** _____

**SIGN YOUR NAME:** _____

| **BLOCK PRINT CANDIDATE'S NAME** | **CANDIDATE'S SIGNATURE REQUIRED** |
|---|---|

**PRESIDENT AND DELEGATE:**
- *PRINT CANDIDATE'S NAME* _____  *CANDIDATE'S SIGNATURE* _____

**VICE PRESIDENT FOR PROFESSIONALS AND DELEGATE**
- *PRINT CANDIDATE'S NAME* _____  *CANDIDATE'S SIGNATURE* _____

**OFFICER FOR CONTINGENTS AND DELEGATE: (**May be full-time or part-time member.**)**
- *PRINT CANDIDATE'S NAME* _____  *CANDIDATE'S SIGNATURE* _____

**OFFICER FOR RETIREES:** (Not a Delegate)
- *PRINT CANDIDATE'S NAME* _____  *CANDIDATE'S SIGNATURE* _____

**SECRETARY:**
- *PRINT CANDIDATE'S NAME* _____  *CANDIDATE'S SIGNATURE* _____

**TREASURER:**
- *PRINT CANDIDATE'S NAME* _____  *CANDIDATE'S SIGNATURE* _____

**MEMBERSHIP DEVELOPMENT OFFICER**
- *PRINT CANDIDATE'S NAME* _____  *CANDIDATE'S SIGNATURE* _____

**PROFESSIONAL DELEGATES (**You may nominate up to **FOUR):**
- *PRINT CANDIDATE'S NAME* _____  *CANDIDATE'S SIGNATURE* _____
- *PRINT CANDIDATE'S NAME* _____  *CANDIDATE'S SIGNATURE* _____
- *PRINT CANDIDATE'S NAME* _____  *CANDIDATE'S SIGNATURE* _____
- *PRINT CANDIDATE'S NAME* _____  *CANDIDATE'S SIGNATURE* _____

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