

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).

Upstate Medical Chapter Official Nominating Form 40811: Academic
Nominating Form for General and Academic Offices Only – Term For Each Position June 1, 2017 Through May 31, 2019

BLOCK PRINT YOUR NAME: _____

SIGN YOUR NAME: _____

BLOCK PRINT CANDIDATE'S NAME	CANDIDATE'S SIGNATURE REQUIRED
PRESIDENT AND DELEGATE:	
● <u>PRINT CANDIDATE'S NAME</u>	<u>CANDIDATE'S SIGNATURE</u>
VICE PRESIDENT FOR ACADEMICS AND DELEGATE:	
● <u>PRINT CANDIDATE'S NAME</u>	<u>CANDIDATE'S SIGNATURE</u>
OFFICER FOR CONTINGENTS AND DELEGATE: (May be full-time or part-time member.)	
● <u>PRINT CANDIDATE'S NAME</u>	<u>CANDIDATE'S SIGNATURE</u>
OFFICER FOR RETIREES: (Not a Delegate)	
● <u>PRINT CANDIDATE'S NAME</u>	<u>CANDIDATE'S SIGNATURE</u>
SECRETARY:	
● <u>PRINT CANDIDATE'S NAME</u>	<u>CANDIDATE'S SIGNATURE</u>
TREASURER:	
● <u>PRINT CANDIDATE'S NAME</u>	<u>CANDIDATE'S SIGNATURE</u>

ACADEMIC DELEGATES (You may nominate up to FIFTEEN):

● <u>PRINT CANDIDATE'S NAME</u>	<u>CANDIDATE'S SIGNATURE</u>
● <u>PRINT CANDIDATE'S NAME</u>	<u>CANDIDATE'S SIGNATURE</u>
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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, 2017 to May 31, 2019. 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 Elections and Credentials Committee, UUP, P.O. Box 15143, Albany, NY 12212-5143, and **RECEIVED**, not postmarked, no later than 5:00 P.M. on Wednesday, February 15, 2017. 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).

Upstate Medical Chapter Official Nominating Form 40811: Professional

Nominating Form for General and Professional Offices Only – Term For Each Position June 1, 2017 Through May 31, 2019

BLOCK PRINT YOUR NAME: _____

SIGN YOUR NAME: _____

BLOCK PRINT CANDIDATE'S NAME	CANDIDATE'S SIGNATURE REQUIRED
PRESIDENT AND DELEGATE: ● <u>PRINT CANDIDATE'S NAME</u>	<u>CANDIDATE'S SIGNATURE</u>
VICE PRESIDENT FOR PROFESSIONALS AND DELEGATE: ● <u>PRINT CANDIDATE'S NAME</u>	<u>CANDIDATE'S SIGNATURE</u>
OFFICER FOR CONTINGENTS AND DELEGATE: (May be full-time or part-time member.) ● <u>PRINT CANDIDATE'S NAME</u>	<u>CANDIDATE'S SIGNATURE</u>
RETIREE OFFICER: (Not a Delegate) ● <u>PRINT CANDIDATE'S NAME</u>	<u>CANDIDATE'S SIGNATURE</u>
SECRETARY: ● <u>PRINT CANDIDATE'S NAME</u>	<u>CANDIDATE'S SIGNATURE</u>
TREASURER: ● <u>PRINT CANDIDATE'S NAME</u>	<u>CANDIDATE'S SIGNATURE</u>

PROFESSIONAL DELEGATES (You may vote for THIRTY THREE):

● <u>PRINT CANDIDATE'S NAME</u>	<u>CANDIDATE'S SIGNATURE</u>
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PROFESSIONAL DELEGATES (continued):

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