

# United University Professions 2017-2020 COARM Elections Nominating Form

**BLOCK PRINT YOUR NAME:**

**SIGN YOUR NAME:**

Please read the enclosed call for nominations and instructions before completing these forms. You must print and sign your name above to make your nomination valid. By signing, you are certifying your 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 to serve if elected must accompany these forms. You must also print your name below for the position you seek. Term of office for all positions is June 1, 2017, to May 31, 2020, or until successors are elected.

## RETIRED DELEGATE

Retired Delegate to the Delegate Assembly is also Chairperson of the Committee on Active Retired Membership and a non-voting Executive Board member. Any retired member may **SELF-NOMINATE ONLY** for the position of Retired Delegate.

**BLOCK PRINT YOUR NAME**

**PRINT YOUR CHAPTER NAME**

*PRINT CANDIDATE'S NAME*

*PRINT CHAPTER NAME*

## REGIONAL REPRESENTATIVE OF COARM

Any retired member from a specified region may **SELF-NOMINATE ONLY** for the position of **REGIONAL REPRESENTATIVE** of **COARM** for your specific region. A **REGIONAL REPRESENTATIVE MUST** be nominated and elected by and from the members of that region only.

**BLOCK PRINT YOUR NAME**

**CIRCLE YOUR CHAPTER NAME BELOW**

*PRINT CANDIDATE'S NAME*

**A) CAPITAL DISTRICT REGIONAL REPRESENTATIVE OF COARM:**

(Albany, Cobleskill, New Paltz, System Administration)

*PRINT CANDIDATE'S NAME*

**B) LONG ISLAND REGION REGIONAL REPRESENTATIVE OF COARM:**

(Farmingdale, Old Westbury, Stony Brook, Stony Brook HSC)

*PRINT CANDIDATE'S NAME*

**C) NORTH COUNTRY REGIONAL REPRESENTATIVE OF COARM:**

(Canton, Plattsburgh, Potsdam)

*PRINT CANDIDATE'S NAME*

**D) WESTERN REGIONAL REPRESENTATIVE OF COARM:**

(Alfred, Brockport, Buffalo HSC, Buffalo Center, Buffalo State, Fredonia, Geneseo)

*PRINT CANDIDATE'S NAME*

**E) CENTRAL REGIONAL REPRESENTATIVE OF COARM:**

(ESF, Morrisville, Oswego, Polytechnic Institute, Upstate Medical)

*PRINT CANDIDATE'S NAME*

**F) METROPOLITAN REGIONAL REPRESENTATIVE OF COARM:**

(Downstate Medical, Maritime, Optometry, Purchase)

*PRINT CANDIDATE'S NAME*

**G) SOUTHERN TIER REGIONAL REPRESENTATIVE OF COARM:**

(Binghamton, Cortland, Delhi, Oneonta)

*PRINT CANDIDATE'S NAME*

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.

**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.