



NOMINATION FORM

United Health Professionals of New Mexico Nomination Form

Position Sought (select one):

- President Executive Vice President Secretary
 Treasurer Vice President At-Large

Candidate's Full Name: _____

Nominated By (Name & Signature):

- | | |
|----------|-----------|
| 1. _____ | 7. _____ |
| 2. _____ | 8. _____ |
| 3. _____ | 9. _____ |
| 4. _____ | 10. _____ |
| 5. _____ | 11. _____ |
| 6. _____ | 12. _____ |

Candidate's Acceptance:

I, _____, accept this nomination and affirm my eligibility per the UHPNM Constitution.

Candidate's Signature: _____ **Date:** _____

Submission Deadline:

Nomination petitions must be submitted via e-mail to:
UHPNM505@gmail.com no later than 5:00 PM on Wednesday, Dec. 4, 2024