



Nomination for Trial Committee Representative

Nominations are open to anyone who is a Member in good standing of the applicable UNA District.

Name of District:

North District

South Central District

North Central District

South District

Central District

Name and address of nominee:

NAME (PLEASE PRINT)

ADDRESS

CITY

POSTAL CODE

If elected I am willing to serve:

SIGNATURE

Name and address of two (2) Members in good standing, of the applicable District, nominating the nominee:

NAME (PLEASE PRINT)

ADDRESS

SIGNATURE

CITY

POSTAL CODE

NAME (PLEASE PRINT)

ADDRESS

SIGNATURE

CITY

POSTAL CODE

FOR OFFICE USE ONLY

RECEIVED BY: _____

DATE & TIME: _____

****NOTE:** It is the responsibility of the Nominee to confirm with the Executive Administrative Assistant, or designate, the receipt of the nomination form.