

## Call Member Resource Center at 1-877-687-1021 to Check Your Membership Status

Candidate Name\_\_\_\_\_Signature\_\_\_\_

## SEIU LOCAL 1021 AHS PHYSICIANS NOMINATION PETITION 2025

The undersigned member in good standing for at least one (1) year of SEIU Local 1021 hereby submits this petition for the purpose of being nominated as a candidate for the 2025 Chapter Officer election.

Date

| nbers can submit nominations by<br>union staff shane.ruiz@seiu1021 |   |          |    | _  |     |   |   | nat | ıor | пр  | etit | ior | าร เ | O F | 406  | elin | ie ( | <b>5</b> 05 | SS, 1 | Ele | CTIC | on ( | _on | nm | ITTE | ee c | .na | ır <u>a</u> | <u>iae</u> | iine | e.go | OSS ( | <u>wg</u> | <u>ma</u> | II.C | <u>om</u> | 1 |
|--|---|----------|----|----|-----|---|---|-----|-----|-----|------|-----|------|-----|------|------|------|-------------|-------|-----|------|------|-----|----|------|------|-----|-------------|------------|------|------|-------|-----------|-----------|------|-----------|---|
| union stan <u>shane.raiz@scra1021</u>                              |   | <u> </u> | у, | чъ | ,us |   |   | did | dat | e i | nfc  | rn  | nati | ion | ı (p | lea  | ise  | pri         | int)  | )   |      |      |     |    |      |      |     |             |            |      |      |       |           |           |      |           |   |
| Full Legal Name:   |   |          |    | ĺ  | ĺ   |   |   |     |     |     |      | ĺ   |      |     |      |      | ĺ    |             |       |     |      |      |     |    |      |      |     | ĺ           |            | ĺ    | ĺ    |       | ĺ         |           |      |           |   |
| irst Name As Desired on Ballot:                                    |   |          |    |    |     |   |   |     |     |     |      |     |      |     |      |      |      |             |       |     |      |      |     |    |      |      |     |             |            |      |      |       |           |           |      |           |   |
| ast Name As Desired on Ballot:                                     |   |          |    |    |     |   |   |     |     |     |      |     |      |     |      |      |      |             |       |     |      |      |     |    |      |      |     |             |            |      |      |       |           |           |      |           |   |
| Home Address:  | ĺ | ĺ        | Ì  | Ì  |     | ĺ |   | ĺ   |     |     | ĺ    |     |      |     | ĺ    |      |      |             | Ì     | ĺ   | ĺ    | ĺ    | Ì   | ĺ  | ĺ    | ĺ    | ĺ   | ĺ           | Ì          |      | ĺ    |       | Ì         | ĺ         | ĺ    | ĺ         |   |
| City/State/Zip:  |   |          |    |    |     | ĺ | Ì |     |     | Ī   | ĺ    |     |      |     |      |      |      |             | ĺ     | Ì   | Ì    |      | Ì   |    | Ì    |      | Ì   | Ì           | ĺ          |      | Ì    |       |           |           | Ì    | Ì         |   |
| Employer:  |   |          |    |    |     |   |   |     |     |     |      |     |      |     |      |      |      |             |       |     |      |      |     |    |      |      |     |             |            |      |      |       |           |           |      |           |   |
| Job Title or Classification:                                       | 1 |          |    | ĺ  |     | ĺ |   | ĺ   |     |     | ĺ    |     |      |     |      |      |      |             | Ì     |     |      | ĺ    |     |    |      | ĺ    |     | ĺ           | Ì          | Ī    | ĺ    |       | ĺ         | ĺ         |      |           |   |
| Worksite:  |   |          |    |    |     | ĺ | Ì |     | Ì   | Ī   | ĺ    |     |      |     |      |      | Ì    | Ì           | ĺ     | Ì   | Ì    |      | Ì   |    | Ì    |      | Ì   | Ì           | ĺ          |      | Ì    |       |           | ĺ         | Ì    | Ì         |   |
| Shift Information:   |   |          |    |    |     |   |   |     |     |     |      | ĺ   |      |     |      |      |      |             |       |     |      |      |     |    |      |      |     |             |            |      |      |       |           |           |      |           |   |
| Home Phone:  |   |          |    |    |     |   |   |     |     |     |      |     |      |     |      |      |      |             |       |     |      |      |     |    |      |      |     |             |            |      |      |       |           |           |      |           |   |
| Cell Phone:  |   |          |    |    |     |   |   |     |     |     |      |     |      |     |      |      |      |             |       |     |      |      |     |    |      |      |     |             |            |      |      |       |           |           |      |           |   |
| Personal Email:  | 1 |          |    |    |     |   |   |     |     |     |      |     |      |     |      |      |      | ĺ           | I     | ĺ   | 1    | ĺ    | ĺ   | ĺ  | ĺ    | ĺ    | 1   |             | ĺ          | ĺ    |      |       |           |           | 1    |           | ' |



## SEIU LOCAL 1021 AHS PHYSICIANS NOMINATION PETITION 2025

The undersigned member in good standing for at least one (1) year of SEIU Local 1021 hereby submits this petition signed by <u>no</u> less than ten (10) members for the purpose of being nominated as a candidate for the office specified below.

| Candidate Name  | _Signature             | Date               |  |  |  |  |  |  |  |  |  |  |  |
|---|------------------------|--------------------|--|--|--|--|--|--|--|--|--|--|--|
| Candidate for the Office of                                 |                        |                    |  |  |  |  |  |  |  |  |  |  |  |
| PRINT NAME: LAST (space), FIRST (space), MIDDLE INITIAL  1. | PETITIONERS SIGNATURE: | Job Title/Worksite |  |  |  |  |  |  |  |  |  |  |  |
| 2.  |                        |                    |  |  |  |  |  |  |  |  |  |  |  |
| 3.  |                        |                    |  |  |  |  |  |  |  |  |  |  |  |
| 4.  |                        |                    |  |  |  |  |  |  |  |  |  |  |  |
| 5.  |                        |                    |  |  |  |  |  |  |  |  |  |  |  |
| 6.  |                        |                    |  |  |  |  |  |  |  |  |  |  |  |
| 7.  |                        |                    |  |  |  |  |  |  |  |  |  |  |  |
| 8.  |                        |                    |  |  |  |  |  |  |  |  |  |  |  |
| 9.  |                        |                    |  |  |  |  |  |  |  |  |  |  |  |
| 10.   |                        |                    |  |  |  |  |  |  |  |  |  |  |  |
| 11.   |                        |                    |  |  |  |  |  |  |  |  |  |  |  |
| 12.   |                        |                    |  |  |  |  |  |  |  |  |  |  |  |
| 13.   |                        |                    |  |  |  |  |  |  |  |  |  |  |  |
| 14.   |                        |                    |  |  |  |  |  |  |  |  |  |  |  |
| 15.   |                        |                    |  |  |  |  |  |  |  |  |  |  |  |