

NATIONAL ASSOCIATION OF LETTER CARRIERS

Detroit, Michigan - July 16 - 20, 2018

**OFFICIAL NOMINATION/ACCEPTANCE FORM
FOR NATIONAL OFFICE**

I, _____ Branch No. _____

City _____ State _____

Nominate _____ Of Branch No. _____

City _____ State _____

for the position of _____ for the

four year term ending in 2022. This nomination is endorsed by the following delegates representing five Branches:

ENDORSEMENTS

- 1. NAME _____ SIGNATURE _____ BRANCH NO. _____
- 2. NAME _____ SIGNATURE _____ BRANCH NO. _____
- 3. NAME _____ SIGNATURE _____ BRANCH NO. _____
- 4. NAME _____ SIGNATURE _____ BRANCH NO. _____
- 5. NAME _____ SIGNATURE _____ BRANCH NO. _____

Signed _____ **Branch No.** _____
Nominator

Date _____

WRITTEN ACCEPTANCE
Electronic Signatures Are Not Acceptable

I, _____ Branch No. _____

City _____ State _____

accept nomination for the position of _____
for the four year term ending in 2022, and authorize my name to appear as a candidate for said position on the Official Election Ballot. I certify that I have not served in a supervisory capacity for the 24 months prior to this nomination.

Signed _____

Date _____