

NATIONAL ASSOCIATION OF LETTER CARRIERS

Chicago, Illinois - August 8-12, 2022

**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 2026. 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 2026, 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 _____