

# MCIA ELECTION NOMINATION FORM

( please print )

I : \_\_\_\_\_

City ID# \_\_\_\_\_

Department \_\_\_\_\_

Contact Phone Number \_\_\_\_\_

Nominate the following person for the 2024 MCIA Board of Directors  
Election:

Name: \_\_\_\_\_

City ID # \_\_\_\_\_

Department \_\_\_\_\_

Contact Phone Number \_\_\_\_\_

\*both nominator and nominee must be members in good standing