MCIA 2026 BOARD OF DIRECTORS

ELECTION NOMINATION FORM

PLEASE PRINT LEGIBLY

NAME OF NOMINEE _____

CITY ID # _____

CITY DEPARTMENT _____

PERSONAL CELL NUMBER _____

PERSONAL EMAIL ADDRESS _____

(CITY PROPERTY CAN NOT BE USED FOR UNION BUSINESS)

NOMINEE AGREES HE/SHE WILL FULLFILL DUTIES OF MCIA BOARD MEMBER IF ELECTED.

SIGNATURE OF NOMINEE _____

NOMINATOR _____

CITY ID # _____

CITY DEPARTMENT _____

PERSONAL CELL NUMBER _____

PERSONAL EMAIL ADDRESS _____

I NOMINATE THE ABOVE CANDIDATE FOR THE 2026 MCIA BOARD OF DIRECTORS.

SIGNATURE OF NOMINATOR _____