

STEWARD NOMINATION FORM

We, the undersigned voluntary, dues-paying E	AA members, nominate		
as our Union Steward for our department.			
NOMINEE INFORMATION:		MOU #:	
City Department:	Bureau/Se	ection	
Work Address:		Floor/Room:	
City: State: ZIP: W	ork Phone:	rk Phone:Cell Phone:	
Work Email:	Personal Ema	il:	
Preferred Email:	(For EAA	Website)	
SIGNATURES* OF DUES-PAYING MEMBERS IN Name (as it appears on paycheck):		ENT: Cell Phone:	
Name (as it appears on paycheck): 1	signature:	Cell Phone:	
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*Board Policy requires signatures of ten (10) vo	oluntary dues-paying m	embers.	
ACCEPTANCE BY NOMINEE:			
l,a	agree to become a Unio	n Steward for my department/work locat	
as indicated above.		FOR STAFF USE ONLY:	
		Sufficient Signatures	
Signature of Nominee	Date	Insufficient Signatures	
APPROVAL BY MEMBERSHIP COMMITTEE:		Nominee Advised of Deficiency Transmitted to Committee Chair for Approval	
Signature of Membership Committee Chair	Date	Nominee & EAA Leadership Advised Approval	
Print Name:	<u> </u>	Website/Contacts Updated	