Declarations of Affiliation with a Slate - NYSNA

Important: All names and signatures of candidates forming a slate must be contained on this form. The names of all members of the slate must be entered ***before*** any signatures are entered as you wish them to appear on the ballot. In addition, the exact count of candidates must be filled in below before any signatures are executed.

Name of Slate: _____

Number Of Candidates On Slate: _____ **(at least two (2) candidates to receive slate box)**

I, the undersigned, hereby affiliate with the slate of candidates listed below. I declare that I am a candidate for the position listed next to my name. I further declare that I have agreed to form a slate with all candidates listed, and that they have agreed to form a slate with me. I have confirmed that the figure filled in under "Number of Candidates on Slate (Required):" above conforms to the number of candidates who are members of my slate and whose names appear below. I declare that I am a member in good standing of my Local Union and that I am not a member of another slate and I accept the nomination.

NAME OF CANDIDATE	POSITION	PHONE #	SIGNATURE

(continued on back)

Signature of Head of Slate: _____

Phone Number: _____ **Email:** _____

Return completed form to nominations@nysna.org or fax to (888) 395-7259