Nomination Form

We, the undersigned, being members in good standing in HSA, hereby nominate:

_________________________________________
(print name)

for the position of president:

1. ___________________________     ______________ _____________
   (signature)     (printed name)

2. ___________________________     ___________________________
   (signature)     (printed name)

3. ___________________________     ___________________________
   (signature)     (printed name)

4. ___________________________     ___________________________
   (signature)     (printed name)

5. ___________________________     ___________________________
   (signature)     (printed name)

6. ___________________________     ___________________________
   (signature)     (printed name)

I, the undersigned, being a member in good standing in HSA and eligible to serve as president if elected, hereby consent to stand for election for the position of president and comply with the obligations of office if elected.

_________________________________________
(signature)     ___________________________
(printed name)     (Date)

Note: Your candidacy is not considered official until your completed nomination form is signed and returned to the HSA office.