New York State
PUBLIC EMPLOYEES

## 2024 INDIVIDUAL NOMINATING PETITION

We, the undersigned, hereby nominate:


Petition ID Number*

Candidate must check the position box for the office they are running for and fill in any additional information for that position on the lines provided. Failure to do so will deem entire petition invalid.

For the position of: (Check One-REQUIRED)
$\square$ PRESIDENT
$\square$ VICE PRESIDENT
$\square$ SECRETARY-TREASURER
$\square$ TRUSTEE
$\square$ REGIONAL COORDINATOR from REGION \#

- EXECUTIVE BOARD MEMBER

IMPORTANT:
No cross outs/correction fluid/correction tape on any of the affiliation boxes, or the petition will be deemed invalid.

## AFFILITATION: (Check One-REQUIRED)

$\square$ INDEPENDENT
$\square$ MEMBERS VOICE
$\square$ MEMBERS UNITED
*The Petition ID number consists of up to the first four letters of your first name and up to the first four letters of your last name EXACTLY AS THEY APPEAR ON YOUR PAYCHECK and the first five numbers of your home zip code.

|  | SIGNATURE | PRINT FIRST AND LAST NAME | PETITION ID NUMBER |  |  |  |  |  |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 1. |  |  |  |  |  | - |  |  |  |  | - |  |  |  |  |
| 2. |  |  |  |  |  | - |  |  |  |  | - |  |  |  |  |
| 3. |  |  |  |  |  | - |  |  |  |  | - |  |  |  |  |
| 4. |  |  |  |  |  | - |  |  |  |  | - |  |  |  |  |
| 5. |  |  |  |  |  | - |  |  |  |  | - |  |  |  |  |
| 6. |  |  |  |  |  | - |  |  |  |  | - |  |  |  |  |
| 7. |  |  |  |  |  | - |  |  |  |  | - |  |  |  |  |
| 8. |  |  |  |  |  | - |  |  |  |  | - |  |  |  |  |
| 9. |  |  |  |  |  | - |  |  |  |  | - |  |  |  |  |
| 10. |  |  |  |  |  | - |  |  |  |  | - |  |  |  |  |
| 11. |  |  |  |  |  | - |  |  |  |  | - |  |  |  |  |
| 12. |  |  |  |  |  | - |  |  |  |  | - |  |  |  |  |

I certify that, 1) I am a regular member of PEF; 2) I personally circulated this petition; and 3) to the best of my knowledge, all of the above are PEF members eligible to sign petitions for the above office. Please print name, Petition ID number, date and sign clearly. Failure to fill in all fields will deem petition invalid. Handwritten signature only, digital signature not accepted.

Print Name: $\qquad$ Signature:

Petition ID Number:


Date:

