HNHP Election 2025
Acceptance of Nomination, Candidate Statement of Name Preference and Declaration of Eligibility

I accept the nomination to the office of _____. I wish my name to appear on the HNHP ballot as follows:

_____
Print Name

If you do not fill out the above, your name will appear on the ballot as it appears on your membership application. Candidates may include a nickname that will be placed in quotes in their name.

Section 504 of the LMRDA prohibits persons convicted of certain crimes, including robbery, bribery, extortion, embezzlement, grand larceny, burglary, arson, violation of narcotics laws, murder, rape, assault with intent to kill, assault which inflicts grievous bodily injury, and violations of Title II of the LMRDA, from holding office for 13 years after conviction or after their release from imprisonment, whichever is later.

I, _____ (print name), have read and understand the prohibition in Section 504 of the LMRDA to serve as an Officer, Trustee or Director of HNHP and confirm that I am fully eligible to serve in such capacity.

Signature:_____ Date:_____

Personal Email Address: _____ Cell Phone #: _____

Please return this form by email to the Election Committee at electioncommittee@hnhp.org by 7:00 p.m., October 20, 2025. A photograph of the completed form is acceptable.