

## NOMINATION FORM

### BCFMWU - BARGAINING COMMITTEE

I THE UNDERSIGNED NOMINATE \_\_\_\_\_

EMPLOYER \_\_\_\_\_

WORK MAILING ADDRESS \_\_\_\_\_

WORK EMAIL \_\_\_\_\_ WORK PHONE \_\_\_\_\_ WORK FAX \_\_\_\_\_

HOME EMAIL \_\_\_\_\_ HOME PHONE \_\_\_\_\_ OTHER \_\_\_\_\_

**CANDIDATES FOR BARGAINING COMMITTEE MEMBER MUST BE NOMINATED BY ONE MEMBER IN GOOD STANDING.  
PLEASE PRINT LEGIBLY**

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Work Location)

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**"I agree, if elected, to accept the position of BARGAINING COMMITTEE MEMBER of MoveUP.**

☐

I am a MoveUP Job Steward

Date: \_\_\_\_\_

Signed: \_\_\_\_\_

**EMAIL ADDRESS: hparmar@MoveUPTogether.ca**

**OR PLEASE FAX TO 604-299-8211**

**NOMINATION FORMS MUST BE RECEIVED BY 4:30 p.m. ON Friday July 16, 2021.**