



NOMINATION FORM

CUPEBC and Locals 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)

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

I am a MoveUP Job Steward

Date: _____ Signed: _____

EMAIL ADDRESS: ksmith@MoveUPTogether.ca

OR PLEASE FAX TO 604-299-8211

NOMINATION FORMS MUST BE RECEIVED BY 4:30 P.M. on March 19, 2021.