



NOMINATION FORM

AMS BARGAINING COMMITTEE

I THE UNDERSIGNED NOMINATE _____

BARGAINING UNIT _____

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.**

Date: _____

Signed: _____

EMAIL ADDRESS: Ljeffery@MoveUPTogether.ca

OR PLEASE FAX TO 604-299-8211

NOMINATION FORMS MUST BE RECEIVED BY **4:30 PM ON March 11, 2016.**