

NOMINATION FORM

COAST MOUNTAIN BUS BARGINING COMMITTEE

I THE UNDERSIGNED NOM	IINATE	
EMPLOYER		
WORK MAILING ADDRESS		
WORK EMAIL	WORK PHONE	WORK FAX
HOME EMAIL	HOME PHONE	OTHER
CANDIDATES FOR BARGAINI	NG COMMITTEE MEMBER MUST BE NOM <u>PLEASE PRINT LEGIF</u>	IINATED BY <u>ONE</u> MEMBER IN GOOD STANDING. <u>3LY</u>
(Print Name)	(Signature)	(Work Location)
	accept the position of BARGAININ	G COMMITTEE MEMBER of MoveUP.
Date:	Signed:	
	EMAIL ADDRESS: ljeffery@move	UPTogether.ca
	OR PLEASE FAX TO 604-	299-8211
NOMINATION FOR	MS MUST BE RECEIVED BY 4:	30 ON TUESDAY, OCTOBER 16th.
/LJ:usw2009		