

NOMINATION FORM

TRANSLINK BUS BARGINING COMMITTEE

I THE UNDERSIGNED NO	MINATE	
EMPLOYER		
WORK MAILING ADDRESS	3	
WORK EMAIL	WORK PHONE	WORK FAX
HOME EMAIL	HOME PHONE	OTHER
CANDIDATES FOR BARGAIN	ING COMMITTEE MEMBER MUST BE NOM PLEASE PRINT LEGIE	IINATED BY <u>ONE</u> MEMBER IN GOOD STANDING B <u>LY</u>
(Print Name)	(Signature)	(Work Location)
	accept the position of BARGAININ	G COMMITTEE MEMBER of MoveUP.
I am a MoveUP Job	Steward	
Date:	Signed:	
	EMAIL ADDRESS: ljeffery@move	UPTogether.ca
	OD DI EACE EAV TO	222 024

OR PLEASE FAX TO 604-299-8211

NOMINATION FORMS MUST BE RECEIVED BY 4:30 ON TUESDAY, OCTOBER 16th.

/LJ:usw2009