

NOMINATION FORM

COASTAL COMMUNITY INSURANCE SERVICES BARGAINING COMMITTEE

I THE UNDERSIGNED NOMINATE		
EMPLOYER: Coastal Community In	nsurance Services LOCATIO	N:
WORK MAILING ADDRESS		
WORK EMAIL	WORK PHONE	WORK FAX
HOME EMAIL	_HOME PHONE	OTHER
CANDIDATES FOR BARGAINING COMMITTEE MEMBER MUST BE A JOB STEWARD AND BE NOMINATED BY <u>ONE</u> 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:	

NOMINATION FORMS MUST BE RECEIVED BY 4:30pm ON FRIDAY, JULY 5, 2019

EMAIL ADDRESS: slockhart@MoveUPTogether.ca OR FAX TO 604-299-8211

Candidates may prepare a personal profile limited to 150 words. Where such profile is provided, no later than the close of nominations deadline, it will be published and distributed, by the Union, to the last known home address of each member entitled to vote.