

CUPE Local 4731 Nomination Form

Position Being Nominated For: _____

Nominee Information (Person Being Nominated)

Full Name: _____

Phone Number: _____

Email: _____

Workplace/Unit: _____

Nominator Information (Person Making the Nomination, if applicable)

(Leave blank if self-nominating)

Full Name: _____

Phone Number: _____

Email: _____

Workplace/Unit: _____

Consent of Nominee

I, _____, accept this nomination and confirm that I am a member in good standing of CUPE Local 4731.

Signature of Nominee: _____ **Date:** _____

Witness Information (Optional but Recommended)

I confirm that I witnessed the nominee's acceptance of this nomination.

Full Name: _____ **Signature:** _____

Date: _____

Submission Instructions

Please submit this completed form to Secretary@CUPE4731.com. For any questions, contact info@CUPE4731.com.