

Nomination Form

BCGEU Component 4- Health Science Professionals

PART A		
I,	nominate	for the
Position of Chairperson	Bargaining Committee member 🗌 or Alternate 🗌]
NOMINATOR's signatu	re	
PART B		
I, certify that I am a mem	accer	pt the nomination and vice Employees' Union.
NOMINEE's signature		
Email:	Phone:	
bulletin or biography of campaign material used	nominated may complete and send back with their nor 250 words or less, which the Union will distribute to t by a candidate is their responsibility. Please note that tion form and the nomination forms must be signed. P	he membership. Any other t the biography must
This form must be, fax	xed or emailed to <u>HSPBargaining2019@bcgeu.ca</u> o no later than <u>January 18, 2018.</u>	r drop off at any area office
	Headquarters address: 4911 Canada Way, Burnaby, BC V5G 3V	W ₃

Phone: 604 291-9611 Toll Free: 1-800-663-1674 Fax: 604-294-5092 Toll Free: 1-800-946-0244

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