

NOMINATION FORM

PAR	Т	Α	
l,			

_____ nominate ______ for the position

of _____BCOGC Bargaining Committee Alternate Member ______ in Component ____20____.

NOMINATOR's signature

PART B

١,		accept the nomination and certify
tł	nat I am a member in good standing of the B.C. Government and Se	ervice Employees' Union.

NOMINEE's signature

Candidates have the right to submit ONE 8.5" x11" information sheet, which will be distributed with ballots and posted on the website in the event of an election.

Your information sheet must be received by the area office within one (1) day after close of nominations. Contact the area office for more information on candidate rights and responsibilities.

> This form must be mailed, faxed or emailed as an attachment to the area office no later than 5:00 p.m. Friday, September 14, 2018.

Area office address: 10147 100th Avenue, Fort St. John, BC V1J 1Y7 Phone: 250-785-6185 or Toll Free 1-800-667-0788 Fax: 250-785-0048 or Toll Free 1-800-946-0255

Email: area10@bcgeu.ca