# Nomination Form

## COPE LOCAL 491 Regional Vice-President

**REGION 2 - ALBERTA**

*(Regional Office, Calgary, Fort McMurray, Grande Prairie, Lethbridge, Medicine Hat, and Red Deer)*

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_nominate

(Nominator, please print name)

(Please print name of nominee)

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(signature) accept the nomination.

Signature of nominator

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please return nomination form to:**

Crystal Fournier

COPE 491 Returning Officer

[Returningofficercope491@gmail.com](mailto:Returningofficercope491@gmail.com)

or

c/o CUPE Terrace Area Office

3210 Emerson Street

Terrace, BC V8G 2R8