

Nomination Form

COPE LOCAL 491 Regional Vice-President

REGION 5A – ONTARIO AREA

(All Ontario Area Offices, except Ottawa Area Office, but including Local 503)

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

or
c/o CUPE Terrace Area Office
3210 Emerson Street
Terrace, BC V8G 2R8