

# Nomination Form

## ***COPE LOCAL 491 Regional Vice-President***

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### **REGION 5B – ONTARIO REGIONAL OFFICE**

*(Regional Office, Locals 79, 416 and Airline Division)*

I, \_\_\_\_\_ nominate  
(Nominator, please print name)

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(Please print name of nominee)

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

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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