# Nomination Form

## COPE LOCAL 491 Regional Vice-President

**REGION 8 - ATLANTIC**

*(Regional Office, Corner Brook, New Glasgow, St, John’s, Sydney, and Yarmouth)*

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