

# Nomination Form

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

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### **REGION 8 - ATLANTIC**

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

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