# Nomination Form

## COPE LOCAL 491 Trustee (Three Year Term)

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:**

Steve Smith

COPE 491 Returning Officer

[returningofficercope491@gmail.com](mailto:returningofficercope491@gmail.com)

***cope :491***