# Nomination Form

## COPE LOCAL 491 Regional Vice-President – Region

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

***cope :491***

*(Please fill in your region number*

*and name in the space to the left)*