

Nomination Form

**COPE LOCAL 491 Regional Vice-
President – Region _____**

*(Please fill in your region number
and name in the space to the left)*

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:

COPE 491 Returning Officer
returningofficercope491@gmail.com