NOMINATION FORM PSAC PRAIRIE REGION COUNCIL

PSAC SOUTHEAST MANITOBA GEOGRAPHICAL REPRESENTATIVE

Nominee Information: PSAC Membership No.:_____ Name: _____ Address: Component/Directly City/Prov.:_ Chartered Local: Local/Branch: _____ Postal Code: Phone (home): I consent to my nomination as a candidate for election for the office indicated above and, certify that I am eligible for such nomination and if elected, signify my willingness to accept and to perform the duties of that office. Signature of nominee Date Nominated by: Seconded by: Name: Name:_____ Delegate No.(for office use) Delegate No. (for office use) I second I nominate for the position of . for the position of . Signature of Nominator* Signature of Seconder* Date Date

*Must have been a delegate to the 2011 PSAC Prairie Regional Triennial Convention and a member of the Southeast Manitoba Caucus.

Nominations must be received no later than December 9th, 2013.