

**NOMINATION FORM
PSAC PRAIRIE REGION COUNCIL**

<p>PSAC SEPARATE EMPLOYER REPRESENTATIVE</p>

Nominee Information:

Name: _____	PSAC Membership No.: _____
Address: _____	Component/Directly _____
City/Prov.: _____	Chartered Local: _____
Postal Code: _____	Local/Branch: _____
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

<p>Nominated by:</p> <p>Name: _____</p> <p>Delegate No. <i>(for office use)</i> _____</p> <p>I nominate _____ for the position of _____.</p>	<p>Seconded by:</p> <p>Name: _____</p> <p>Delegate No. <i>(for office use)</i> _____</p> <p>I second _____ for the position of _____.</p>
Signature of Nominator*	Signature of Seconder*
Date	Date

***Must have been a delegate to the 2017 PSAC Prairie Regional Triennial Convention and a member of the Separate Employer Caucus.**

Nominations must be received no later than June 29th, 2020.