



UNIFOR NATIONAL COUNCIL 4000

NOMINATION FORM FOR REGIONAL REPRESENTATIVE - LOCALS 4001 TO 4005

CNTL OWNER-OPERATORS		
SURNAME:		
GIVEN NAMES:		
ADDRESS:		
PHONE:	Home	Work
		Cell
EMAIL ADDRESS (If available) : _____		
EMPLOYING COMPANY:		
POSITION NOMINATED FOR:	Regional Representative – CNTL Owner-Operators - Locals 4001 to 4005	
DATE :		
NOMINEE'S DECLARATION (Fill this part if you are submitting this nomination form)		
I declare that I am a member in good standing of Unifor and I hereby ACCEPT nomination for the above-named office.		
SIGNED : _____		
PROPOSER'S DECLARATION (Fill this part if you are submitting this nomination for someone else)		
I declare that the member that I am proposing is a member in good standing of UNIFOR-Canada.		
SIGNED : _____		
(IN BOLD LETTERS : _____)		

PLEASE FILL THIS FORM IN CAPITAL LETTERS

Note: This form, when properly completed by bona fide members, shall be deemed to comply with those regulations pertaining to nominations. Upon completion, it must be submitted by registered mail, courier, fax, hand or any other mode and received on or before **MARCH 25th, 2015**

MAIL TO:

UNIFOR National Council 4000
63 Otter Lake Court
Halifax NS B3S 1M1

TELEPHONE:

902 450-0087

FAX:

902 450-0088