



NOMINATION FORM

2019 National Capital Region Council AGM

June 1st & 2nd, 2019

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

***Must be a delegate to the 2019 PSAC Annual General Meeting**