

NOMINATION FORM

Annual General Meeting – Members with Disabilities Access Committee

Nominee Information:

Name: _____
 Address: _____
 City/Prov.: _____
 Postal Code: _____
 Phone (home): _____

PSAC Membership No.: _____
 Component/Directly _____
 Chartered Local: _____
 Local/Branch: _____

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>I nominate _____</p> <p>for the position of _____</p> <p>_____</p>	<p>Seconded by:</p> <p>Name: _____</p> <p>I second _____</p> <p>for the position of _____</p> <p>_____</p>
<p>Signature of Nominator*</p>	<p>Signature of Seconder*</p>
<p>Date</p>	<p>Date</p>

***Must be a member of the Members with Disabilities Access Committee**