



NOMINATION ACCEPTANCE FORM

DATE: _____, 20__

TO: Election Committee
UNIT NAME _____ YOUR WORKPLACE NAME
UNIFOR Local 112

FROM:

Print First Name (CAPITAL BLOCK LETTERS)

Print Last Name (CAPITAL BLOCK LETTERS)

CLOCK#: _____ Tel/Cell: () _____

ADDRESS: _____

City Postal Code

Email: _____

NOTE: Online voting supports candidate pictures and literature to be displayed on the online ballot. It is the candidate's responsibility to submit as follows:

PHOTO save as .jpeg file and/or

LITERATURE save as .txt Plain Text file and email to admin@unifor112.ca

All submissions will be posted as is.

Submission deadline will be posted on the Election Notice.

All members are considered nominated if they have continuous good standing as follows:
For the Executive Board positions: 1 year ▪ For Unit positions: 6 months, and those accepting nominations **MUST** submit this "Nomination Acceptance Form" prior to the posted closing date.

By signing this nomination for the
position of _____, TYPE THE FULL POSITION'S NAME AS PER ELECTION NOTICE

(Print position's name from notice, **ONLY** one (1) position per form)

I hereby agree to follow all election rules and guidelines.

Signature of Nominee