

United Nurses of Alberta Local 196

NOMINATION FOR PROVINCIAL REPORTING MEETING

NOMINEE:		
Name		email
Name		енан
P	Address	Member #
f elected, I am willing to serve: _	Signature of Nominee	 Date
Name		OF LOCAL 196:
Name		email
	Address	
		email Member #
		email
		email Member #
		email Member #
I nominate the above nominee: _		email Member # Date
I nominate the above nominee: _	Signature of Nominator	email Member # Date email