



DELEGATE ELECTION

SEPTEMBER 2024 - AUGUST 2025

Attestation of the Nomination of the Workplace Delegate

It is proposed by: _____
Name in print *Signature*

Seconded by: _____
Name in print *Signature*

To nominate: _____
Name in print

As the: Workplace Delegate Substitute Workplace Delegate

I, the undersigned, accept to represent the members in my workplace as a union delegate.

Signature of delegate or substitute *Date*

Information of the Elected Person

Name:	_____
Employee Number:	_____
Class of Employment:	_____
Workplace:	_____
Phone Numbers:--	_____
	<i>Home</i> <i>Mobile</i> <i>Work</i>
Email Addresses:	_____
	<i>EMSB Email</i> <i>Personal Email</i>

Please return the completed form to **Eva Liane Tubio**
Internal Mail: APPA – Fax: 514 254-7872 – Email: eltubio@appa.qc.ca