



# DELEGATE ELECTION

SEPTEMBER 2026 - AUGUST 2027

## 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:

\_\_\_\_\_  
*Home*

\_\_\_\_\_  
*Mobile*

\_\_\_\_\_  
*Work*

Email Addresses:

\_\_\_\_\_  
*EMSB Email*

\_\_\_\_\_  
*Personal Email*

Please return the completed form to **Eva Liane Tubio**

**Internal Mail: APPA – Fax: 514 254-7872 – Email: [eltubio@appa.qc.ca](mailto:eltubio@appa.qc.ca)**