



DELEGATE ELECTION

SEPTEMBER 2023 - AUGUST 2024

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