



Election of Delegates

Attestation on the nomination of the delegate in our workplace

It is proposed by :

Name in print

Signature

Seconded by :

Name in print

Signature

To nominate

Name in print

As the

Delegate in our workplace

Substitutes delegate in our workplace

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:

Workplace

Class of
employment :

Phone numbers

Home

Cellular

Work

Email address

Please return the completed form care of Mireille Morin

Internal mail : APPA 845 - Fax : 514 254-7872 - Email : appa@appa.qc.ca