

**AMBULANCE PARAMEDICS OF BRITISH COLUMBIA - CUPE LOCAL 873
STATION ELECTION NOMINATION FORM**

Position Open:	Station:	Term:	Deadline:

**** NOMINATIONS MUST BE SUBMITTED AT YOUR STATION
PRIOR TO DEADLINE INDICATED ABOVE ****

I nominate _____ for
the position: _____
in region: _____ in station: _____.

Nominator's signature Nominator - Please print Station

Seconder's signature Seconder - Please print Station

ACCEPTANCE OF NOMINATION

I _____, accept/do not accept **(circle one only)** the
Nominee's name
nomination for _____.

Date **Nominee's Signature** **Station**