

Unifor Local 707A  
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**Nomination Form**

Position of \_\_\_\_\_

**Nominee Information**

<b>Name:</b>	<b>Badge #</b>	<b>Phone #</b>
<b>Area:</b>	<b>Shift:</b>	<b>Home Email:</b>

**Nominators Information (5 required)**

<b>Name:</b>	<b>Badge:</b>	<b>Signature:</b>
<b>Name:</b>	<b>Badge:</b>	<b>Signature:</b>
<b>Name:</b>	<b>Badge:</b>	<b>Signature:</b>
<b>Name:</b>	<b>Badge:</b>	<b>Signature:</b>
<b>Name:</b>	<b>Badge:</b>	<b>Signature:</b>

I accept nomination for the position of \_\_\_\_\_

\_\_\_\_\_  
**Nominee signature** \_\_\_\_\_ **[Date]** \_\_\_\_\_