

Cowichan Valley Teachers' Union
NOMINATION FORM FOR ELECTIONS

I nominate _____

for the position of _____ (1 year)

for the position of _____ (2 year)

(specify executive position or committee)

Nominator signature _____

Secunder signature _____

I ACCEPT THIS NOMINATION.

NOMINEE SIGNATURE _____

Please return this nomination form to the CVTU office.
Fax: 748-5243 email: cvtunominatingchair@gmail.com

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