**NOMINATION FORM**

**PSAC 2017 ATLANTIC REGIONAL TRIENNIAL CONVENTION**

***ATLANTIC REGIONAL COUNCIL***

***JUNE 23-25, 2017 Saint John, NB***

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| ***Please check nominated position:*** |
| * **2 Provincial Directors, New Brunswick** * 2 Alternate Provincial Directors, New Brunswick * **2 Provincial Directors, Newfoundland & Labrador** * 2 Alternate Provincial Directors, Newfoundland & Labrador * **2 Provincial Directors, Nova Scotia** * 2 Alternate Provincial Directors, Nova Scotia * **2 Provincial Directors, Prince Edward Island** * 2 Alternate Provincial Directors, Prince Edward Island * **1 Director, Non-Treasury Board – Maritimes** * 2 Alternate Directors, Non-Treasury Board - Maritimes * **1 Director, Non-Treasury Board – Newfoundland & Labrador** * 2 Alternate Directors Non-Treasury Board – Newfoundland & Labrador * **1 Director, Aboriginal Members** * 2 Alternate Directors Aboriginal Members * **1 Director, Francophone Members** * 2 Alternate Directors Francophone Members * **1 Director, Gay, Lesbian, Bi Sexual and Transgendered Members** * 2 Alternate Directors Gay, Lesbian, Bi Sexual and Transgendered Members * **1 Director, Members with Disabilities** * 2 Alternate Directors Member with Disabilities * **1 Director, Racially Visible Members** * 2 Alternate Directors Racially Visible Members * **1 Director for Women, Maritimes** * 2 Alternate Directors for Women, Maritimes * **1 Director for Women, Newfoundland & Labrador** * 2 Alternate Directors for Women, Newfoundland & Labrador * **1 Director, Youth Members** * 2 Alternate Directors Youth Members |

**Nominee Information:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PSAC Membership No.:\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Component/Directly

City/Prov.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Chartered Local: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Postal Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Local/Branch: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone (home):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­

I consent to my nomination as a candidate for election for the office indicated above and, certify that I am eligible for such nomination and if elected, signify my willingness to accept and to perform the duties of that office.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of nominee Date

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| **Nominated by:**  Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Delegate No.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  I nominate\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  for the position of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. | **Seconded by:**  Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Delegate No.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  I second \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  for the position of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. |
| **Signature of Nominator\*** | **Signature of Seconder\*** |
| **Date** | **Date** |

**\*Must be a delegate to the 2017 PSAC Regional Triennial Convention**