**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**