

**Nomination Form 2017  
Regional Council Positions**

**PSAC Ontario 7<sup>th</sup> Triennial Convention  
Hilton Mississauga/Meadowvale Hotel  
6750 Mississauga Road, Mississauga, Ontario  
May 26<sup>th</sup> - 28<sup>th</sup>, 2017**

*Please indicate the Ontario Regional Council position being nominated for:*

\_\_\_\_\_

**Nominee Information\*:**

**Name of Nominee** \_\_\_\_\_

**Signature (Acceptance of nomination)** \_\_\_\_\_

**Date** \_\_\_\_\_

**Component Name or DCL:** \_\_\_\_\_ **Local** \_\_\_\_\_

**PSAC Membership Number** \_\_\_\_\_

Declared candidates for Council positions are entitled to:

- (1) two sets of mailing labels (hard copy) of the registered delegates and registered observers who have self-identified in their election "caucus"; Regional Coordinators can either send declared candidates the two sets of mailing labels or have the declared candidate pick them up at the Regional Office; and
- (2) An electronic list of the names of registered delegates and registered observers who have self-identified in their election "caucus" (in pdf format), with their Component or DCL affiliation (in pdf format).

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*Amended on March 13, 2017*

<b>Nominated by:</b> Name: _____ Delegate No.: _____ I nominate _____ for the above position of _____ _____ Date	<b>Seconded by:</b> 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 Ontario Regional Triennial Convention and must self-identify as a member of the caucus from which the Ontario Regional Council position is elected.**

**Return both pages of the Nomination Form by mail, email or fax to:**

Christopher Wilson, Regional Coordinator  
PSAC Toronto Regional Office  
90 Eglinton Avenue East, Suite 608  
Toronto, ON  
M4P 2Y3  
Or email to: [WilsonC@psac-afpc.com](mailto:WilsonC@psac-afpc.com)  
Or fax to: 416-485-8607

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**Nominee, Nominator, Seconder**      Yes       No

**Members in Good Standing**      Yes       No

**Rec./Verified By PSAC Staff:** \_\_\_\_\_

**Date :** \_\_\_\_\_

**Time :** \_\_\_\_\_

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