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CULE EXECUTIVE NOMINATION FORM

Position: _____

Name: _____

Nominator: _____

Secunder: _____

Signature of
Nominee: _____

Please return to:

Pamela Peckford c/o
PSAC Gander Regional Office
The Polaris Bldg, 2nd. Floor
61 Elizabeth Drive
Gander, NL
A1V 1G4

Fax: 709-651-3091

By mail or fax, prior to the deadline of January 31, 2012, close of
business