



BC FERRY & MARINE WORKERS' UNION
NOMINATION
ASSISTANT RETURNING OFFICER

I, _____ **NOMINATE** _____
Name of **NOMINATOR** (Please Print) Name of **NOMINEE** (Please Print)

For the position of Assistant Returning Officer

On Date: _____

Signature of **NOMINATOR**: _____

Date Signed: _____

I, _____
NOMINEE (Please Print)

Accept nomination for the position of Assistant Returning Officer

Signature of Nominee: _____

Witnessed by: _____
Print Name **Signature**

Date Witnessed: _____