



International Association of
Machinists and Aerospace Workers
Local Lodge 16



Nomination Form

Health and Safety Committee (Logixx)

I _____, _____
Print Name of Nominator Signature

would like to nominate _____
Name of Nominee

for the position of _____
Position

I _____, _____ accept the nomination.
Print Name of Nominee Signature

Nominee Contact Info:

Phone: _____

Email: _____

PO Box 32392
YVR Domestic Terminal RPO
Suite 4212
Richmond, BC V7B 1W2

Toll Free Phone: (877) 303 - 0461
Toll Free Fax: (877) 303 - 0481
Phone: (604) 303 - 0461
Fax: (604) 303 - 0481