



BULLETIN

SECURE AVIATION TRANSPORT LOCAL 16

INTERNATIONAL ASSOCIATION OF MACHINISTS

ACI Health and Safety Committee Nomination Form

I (print name) _____, _____ (signature)

would like to nominate _____

Name of Nominee to be a member of the _____ -

_____ Committee

I (print name of nominee) _____, (signature)

_____ accept the nomination.

Nominee Contact Info:

Name: _____

Phone: _____

Email: _____

Nominator Contact Info:

Name: _____

Phone: _____

Email: _____

Form have to be submitted to the Recording Secretary subject line (Health and Safety Committee) via email to cnunes@iamaw16.ca by: 19 February, 2025 at 9:00am

Phone: 604-303-0461/Fax: 604-303-0481 www.iamaw16.ca Twitter: @iamll16

