

Nomination Form

Securiguard Airside Escort Health and Safety Committee

I _____, _____ Print Name of Nominator
Signature

would like to nominate _____ Name of Nominee

Please specify the Department _____

I _____, _____ Print Name of Nominee
Signature

accept the nomination.

Nominee Contact Info:

Name: _____
Phone: _____
Email: _____

Nominator Contact Info:

Name: _____
Phone: _____
Email: _____

Forms have to be submitted to the Recording Secretary via email recsec@iamaw16.com or dropped off in the Local office by: May 13th 2026 @9 am. Subject heading: Securiguard Airside Escort Health and Safety Committee Nomination Form, and make sure to fill out the form completely. If you need assistance, please reach out.

PO Box 32392 Toll Free Phone: (877)-303-0461 YVR Domestic Terminal RPO Toll Free Fax: (877) 303 - 0481 Suite 4212 Phone: (604) 303 - 0461 Richmond, BC V7B 1W2 Fax: (604) 303 - 0481