

Nomination Form

ACI Health & 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: October 5th 2026 @12pm. Subject heading: ACI Health & 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