Nomination Form

PASS YYJ Shop Committee Chair

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 by November 25th 2026 @ 09pm. Subject heading: PASS YYJ SCC 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