

Nova Scotia Teachers Union

Nomination Form - Office of President

PERSONAL INFORMATION

I. CANDIDATE'S NAME (PLEASE PRINT OR TYPE)

Surname First Name Middle Name(s)

II. CANDIDATE'S MAILING ADDRESS: _____

POSTAL CODE: _____

III. HOME TELEPHONE NUMBER: _____ **FAX NUMBER:** _____

CELL NUMBER: _____ **EMAIL:** _____

PROFESSIONAL INFORMATION

IV. CANDIDATE'S SCHOOL/CAMPUS: _____

V. SCHOOL/CAMPUS ADDRESS: _____

POSTAL CODE: _____

VI. SCHOOL/CAMPUS TELEPHONE NUMBER: _____ **FAX NUMBER:** _____

VII. CANDIDATE'S PROFESSIONAL NUMBER: _____

CANDIDATE'S SIGNATURE

DATE

VII. NOMINATION

A candidate may be nominated by obtaining the signatures of twenty-five active or active reserve members of the Nova Scotia Teachers Union.

Please use the form provided (on back) and include printed name, signature, Local, professional number and date of signature.

IX. CANDIDATE'S NAME ON BALLOT

Please complete the following form to verify display of candidate's name on the ballot.

Notification re: Candidate's Name on Ballot

This is to certify that my name is to appear on the ballots, used to elect a President of the Nova Scotia Teachers Union for the 2020 – 2022 term, as follows:

Signature of Candidate

**WE, THE UNDERSIGNED, HEREBY NOMINATE
FOR THE OFFICE OF PRESIDENT OF THE NOVA SCOTIA TEACHERS UNION:**

NAME (PLEASE PRINT)	SIGNATURE	LOCAL	PROFESSIONAL NUMBER	DATE
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FOR OFFICE USE ONLY	
RECEIVED: _____	TIME: _____
SIGNATURE: _____	