



The Professional Institute of the Public Service  
of Canada

L'Institut professionnel de la fonction publique  
du Canada

BRITISH COLUMBIA / YUKON REGION

## NOMINATION FORM

POSITION FOR  
NOMINATION:

BC/YUKON REGIONAL EXECUTIVE

NAME OF NOMINEE:

\_\_\_\_\_

ADDRESS:

\_\_\_\_\_

\_\_\_\_\_

E-MAIL:

\_\_\_\_\_

TELEPHONE:

[home] \_\_\_\_\_ [work] \_\_\_\_\_

BRANCH:

\_\_\_\_\_

GROUP:

\_\_\_\_\_

I hereby accept this nomination for the above position.

SIGNATURE:

\_\_\_\_\_

DATE:

\_\_\_\_\_

NOMINATED BY:

\_\_\_\_\_

Nominees may attach a brief resume of their qualifications and experience.  
Nominees must be a member in good standing (not a rand).