



## PENSION COMMITTEE NOMINATION FORM

Please complete the following

Nominated by (CUPE Local and/or District Council): \_\_\_\_\_

\_\_\_\_\_

Region: \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Main phone \_\_\_\_\_ Cell \_\_\_\_\_

Work phone \_\_\_\_\_

Personal email \_\_\_\_\_

Pension plan experience or training: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please return your forms via email to: [info@cupe.bc.ca](mailto:info@cupe.bc.ca) by December 11<sup>th</sup>, 2019.**