



**Delegate Nomination Form
4th Triennial
BRITISH COLUMBIA REGIONAL CONVENTION
April 18 - 20, 2008**

We hereby nominate:

Last Name	First Name
Component	Local # / Directly Chartered Local #
Home address	
Home phone number	Work phone number
email address	Fax number
Nominated as: <ul style="list-style-type: none"> <input type="radio"/> Racially visible equity group delegate <input type="radio"/> Aboriginal equity group delegate <input type="radio"/> Member with a disability equity group delegate <input type="radio"/> Gay/Lesbian/Transgender/Bi-sexual equity group delegate <input type="radio"/> Youth delegate (enter date of birth: _____) <input type="radio"/> Directly Chartered Local/small separate employer delegate 	<p>PLEASE NOTE: If nomination is for equity delegate status, member must have completed a self-identification questionnaire.</p> <p>Self ID forms are available at the regional website:</p> <p>www.psacbc.com/self-id/</p>
I hereby agree to let my name stand as delegate	
Signature of Member being nominated	Date:
Signature of Nominator:	Signature of Seconder of Nomination
Printed name of Nominator	Printed name of Seconder
Date:	Date:
Component and Local # / DCL Local #	Component and Local # / DCL Local #

Please attach a short rationale (75 words or less in support of the candidate's nomination written by the candidate or nominator(s)).