



Workplace Group Delegate ELECTION NOMINATION FORM



WORKPLACE GROUP NAME / LOCATION	Land and Housing , FACs Sydney Metro District	
NOMINATION FOR THE POSITION OF:	Local Workplace Delegate <input type="checkbox"/>	

We, the undersigned financial members of the above group electorate of the PSA CPSU, nominate:

First Name:	Surname:
Worksite Address:	
Phone (9-5):	Membership Number: (if known)
Email:	

Each nomination must be signed by two other financial members of the group electorate.

1. Nominator:

First Name:	Surname:
Signature:	Membership Number: (if known)

2. Secunder:

First Name:	Surname:
Signature:	Membership Number: (if known)

I consent to my nomination.		
Signature of candidate:		
.....		
Dated this	day of	20
.....		