



SHOP STEWARD NOMINATION SHEET

I _____ **NOMINATE** _____

(Please PRINT your name)

(Please PRINT nominee's name)

(Your signature)

(Nominee's signature)

**To the position of Shop Steward
at: (Mark ONE only)**

**For ONE of the following
(Mark ONE only)**

TERMINAL 1

Morning Shift

TERMINAL 3

Afternoon Shift

TORONTO ISLAND

Midnight Shift

PLEASE DO ONLY ONE OF THE FOLLOWING

- A) Fax to 905-671-2114 or 1-877-426-2948
- B) OR scan and email with the subject: GARDA SHOP STEWARDS NOMINATIONS to central@iam140.ca
- C) OR you may submit a notice in person to: Robert Savoie – IAMAW Representative who will be available at each terminal from Monday to Friday throughout the day
- D) OR you download and print this nomination form from our website at: <http://screeners.iamaw.ca>

SHOP STEWARD QUALIFICATIONS:

Must have one (1) year service with the company and have signed an IAM card by December 31, 2011.