



BRANCH: _____

CANDIDATES

Instructions

1. To be completed by the NEC.
2. **Please use as many copies of this form as is necessary**, depending on the number of positions to be filled.
3. **Email (reps@ciu-sdi.ca) or fax (613.723.7895) a copy of this form to the CIU National Office by October 9, 2017, no later than noon EDT**, so that the relevant information may be posted on the national CIU website.

Position Title:	_____
Candidate 1	Full name: _____ Worksite: _____
Candidate 2	Full name: _____ Worksite: _____
Candidate 3	Full name: _____ Worksite: _____
Candidate 4	Full name: _____ Worksite: _____
Candidate 5	Full name: _____ Worksite: _____
Candidate 6	Full name: _____ Worksite: _____

Position Title:	_____
Candidate 1	Full name: _____ Worksite: _____
Candidate 2	Full name: _____ Worksite: _____
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Candidate 6	Full name: _____ Worksite: _____

Date received at the CIU National Office [YYYY-MM-DD]: _____