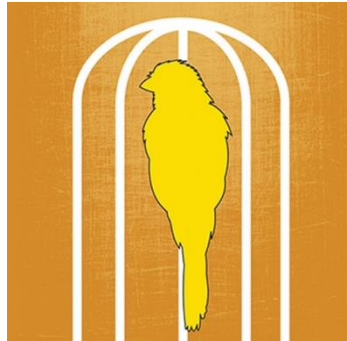




## CUPE ALBERTA DIVISION



## HEALTH AND SAFETY AWARD

DO YOU KNOW A MEMBER WHO HAS MADE A SIGNIFICANT CONTRIBUTION IN THE AREA OF HEALTH AND SAFETY IN ALBERTA?  
IF SO, WE WOULD LIKE TO HEAR FROM YOU!

We are looking for a member:

- Whose actions have helped others
- Whose activities have:
  - ✓ Solved problems.
  - ✓ Achieved important victories.
  - ✓ Established precedents.
  - ✓ Improved workplace conditions.
  - ✓ Helped to recognize occupational illness or disease.
- Who is a CUPE member or CUPE retiree in good standing.
- Who is a health and safety leader and activist.

This award will be presented at the CUPE Alberta Convention.

Closing date for nominations: December 31

**Please fill out the Nomination Form below and send in along with any additional information to support the member's nomination.**

# Nomination Form:

## CUPE Alberta Health and Safety Award

To make a nomination, please complete this form and send it to:

CUPE Alberta Division Recording Secretary  
Health and Safety Award  
300, 10235 – 124 Street NW  
Edmonton, Alberta T5N 1P9  
john.vradenburgh@cupeab.org

Nominations may be made by a Local Union or CUPE AB Division and must be signed and supported by the Local's President and one other Local or AB Division Executive member.

**Name of Nominee:** \_\_\_\_\_

Local Union Name and Number: \_\_\_\_\_

Mailing Address:

Number and Street \_\_\_\_\_ City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone: Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_

Occupation: \_\_\_\_\_

If retired, occupation when employed: \_\_\_\_\_

How many years has the nominee been a CUPE member? \_\_\_\_\_

### Submitted by:

Name: \_\_\_\_\_

Local Union Name and Number: \_\_\_\_\_

Mailing Address:

Number and Street \_\_\_\_\_ City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone: Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_

Fax: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Local President's signature:

Signature: \_\_\_\_\_ Please Print: \_\_\_\_\_

Local or AB Division Executive Member's signature:

Signature: \_\_\_\_\_ Please Print: \_\_\_\_\_

**Why do you feel this activist deserves to be the recipient of the Health and Safety award?**

(more space on following page if required)

**Why do you feel this activist deserves to be the recipient of the Health and Safety award?**  
(continued)