

**BREWERY WORKERS UAW LOCAL 9
NOMINATION / ACCEPTANCE FORM**

Date _____

I _____,

nominate _____ for the position of

_____ in the _____ department on

_____ shift.

(Signature)

I _____

accept the nomination for the position of _____

in the _____ department on _____ shift.

(Signature)

(Date)

/pd
opeiu#9afl-cio