

Canadian Union of Public Employees

**Manitoba Division**

**CUPE Manitoba Committee Delegation Form**

**CUPE Local #:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please note: As per the CUPE Manitoba Policies 3.b., each affiliated Local can nominate (1) Voting Delegate, and as many Alternate delegates (voice but no vote) as are interested. Delegates and Alternates must be named by the President in writing (by returning this signed form) and received by the CUPE MB office, at least (1) day prior to the meeting. (See Policies 3.b. for further details).**

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| **Human Rights Committee** | **Delegate:****Email:** **Phone:****Alternates:****Email:** **Phone:** |
| **Heath & Safety Committee** | **Delegate:****Email:** **Phone:****Alternates:****Email:** **Phone:** |
| **Contracting-Out and Political Action Committee**  | **Delegate:****Email:** **Phone:****Alternates:****Email:** **Phone:** |
| **Indigenous Council**  | **Delegate:****Email:** **Phone:****Alternates:****Email:** **Phone:** |
| **Municipal Steering Committee** | **Delegate:****Email:** **Phone:****Alternates:****Email:** **Phone:** |
| **School Division Sector Committee** | **Delegate:****Email:** **Phone:****Alternates:****Email:** **Phone:** |
| **Women’s Committee** | **Delegate:****Email:** **Phone:****Alternates:****Email:** **Phone:** |
| **Social Services and Child Care Committee**  | **Delegate:****Email:** **Phone:****Alternates:****Email:** **Phone:** |
| **Global Justice Committee**  | **Delegate:****Email:** **Phone:****Alternates:****Email:** **Phone:** |
| **Charitable Works Committee** | **Delegate:****Email:** **Phone:****Alternates:****Email:** **Phone:** |
| **Young Members Committee** | **Delegate:****Email:** **Phone:****Alternates:****Email:** **Phone:** |
| **Private Personal Care Home Committee**  | **Delegate:****Email:** **Phone:****Alternates:****Email:** **Phone:** |
| **Safer Spaces Committee**  | **Delegate:****Email:** **Phone:****Alternates:****Email:** **Phone:** |

**Local Signatures:**

President: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Recording Secretary: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_