

CUPE MANITOBA

Canadian Union of Public Employees
Manitoba Division

CUPE Manitoba Committee Delegation Form

CUPE Local Contact Information: Local # _____

President Name: _____

President Phone Number(s): Office: _____ Cell: _____

President Email: _____

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| <p>2SLGBTQI+ Committee (New – May 2023)</p> | <p>Delegate:</p> <p>Email:</p> <p>Phone:</p> <p>Alternates:</p> <p>Email:</p> <p>Phone:</p> |
| <p>Charitable Workers Committee</p> | <p>Delegate:</p> <p>Email:</p> <p>Phone:</p> <p>Alternates:</p> <p>Email:</p> <p>Phone:</p> |

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|---|---|
| <p align="center">Contracting-Out and Political Action Committee</p> | <p>Delegate:</p> <p>Email:</p> <p>Phone:</p> <p>Alternates:</p> <p>Email:</p> <p>Phone:</p> |
| <p align="center">Global Justice Committee</p> | <p>Delegate:</p> <p>Email:</p> <p>Phone:</p> <p>Alternates:</p> <p>Email:</p> <p>Phone:</p> |
| <p align="center">Health & Safety Committee</p> | <p>Delegate:</p> <p>Email:</p> <p>Phone:</p> <p>Alternates:</p> <p>Email:</p> <p>Phone:</p> |

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| <p style="text-align: center;">Human Rights Committee</p> | <p>Delegate:</p> <p>Email:</p> <p>Phone:</p> <p>Alternates:</p> <p>Email:</p> <p>Phone:</p> |
| <p style="text-align: center;">Indigenous Council</p> | <p>Delegate:</p> <p>Email:</p> <p>Phone:</p> <p>Alternates:</p> <p>Email:</p> <p>Phone:</p> |
| <p style="text-align: center;">Persons with a Disability Committee (New – May 2023)</p> | <p>Delegate:</p> <p>Email:</p> <p>Phone:</p> <p>Alternates:</p> <p>Email:</p> <p>Phone:</p> |
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| <p align="center">Racialized Workers Committee</p> | <p>Delegate:</p> <p>Email:</p> <p>Phone:</p> <p>Alternates:</p> <p>Email:</p> <p>Phone:</p> |
| <p align="center">Safer Spaces Committee</p> | <p>Delegate:</p> <p>Email:</p> <p>Phone:</p> <p>Alternates:</p> <p>Email:</p> <p>Phone:</p> |
| <p align="center">Women's and Gender Rights Committee (Newly Named – May 2023)</p> | <p>Delegate:</p> <p>Email:</p> <p>Phone:</p> <p>Alternates:</p> <p>Email:</p> <p>Phone:</p> |

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|--------------------------------|--------------------|
| Young Workers Committee | Delegate: |
| | Email: |
| | Phone: |
| | Alternates: |
| | Email: |
| | Phone: |

Local Signatures:

President: _____ Signature: _____
 Date: _____

Recording Secretary: _____ Signature: _____
 Date: _____