MUNICIPAL EMPLOYEES BENEFITS PROGRAM

NOMINATION PAPER

Nominee: _____

Employer: _____

Biography:

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Nominee Signature / Authorization: _____
Supporting Signatures (20):

Print Name	*Signature*

Nomination papers must <u>be received</u> by the MEBP administrator's office by May 31, 2025:

Municipal Employees Benefits Program
c/o Coughlin & Associates Ltd.,
PO Box 746
Winnipeg MB, R3C 2L4.