

**PETITION OF SUPPORT TO BECOME  
A CEMA LIAISON**

**Date:** \_\_\_\_\_

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

**E-Mail Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Work Area to be Covered:** \_\_\_\_\_

**Replacing:** \_\_\_\_\_

**CEMA Executive Board Secretary:**

We the undersigned members of CEMA support the candidate noted above who has volunteered to be our CEMA Liaison for the work location noted above. Our signature below indicates our support for him/her being our CEMA Liaison for a two year term ending on \_\_\_\_\_.

1. \_\_\_\_\_

2. \_\_\_\_\_

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