

# MI BAC Skilled Trades Mentoring



## Nomination Form

I, \_\_\_\_\_, RECOMMEND AND NOMINATE  
Name of Certified Mason Mentor

\_\_\_\_\_ TO BE A CERTIFIED MASON MENTOR.  
Name of Nominee

I believe the nominee has the eight qualities required to be a Mason Mentor. Further, I believe he/she will uphold the high professional standards of the masonry profession and the Mason Mentor Program implemented by BAC Local 9, Michigan.

SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

COMMENTS: \_\_\_\_\_  
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