



101-1500 Notre Dame Ave.
 Winnipeg MB
 R3E 0P9
 Phone: 1-204-772-0425
 Fax: 1-204-775-6829
 Info Line: 1-800-315-3331

Website: www.mahcp.ca

PRESIDENT OR VICE-PRESIDENT NOMINATION FORM

DATE: _____ (Please print the following information)

Contact Information: Phone Number(s): _____
 (For office use only) E-Mail Address: _____

(Name) _____, being a member in good standing with the Manitoba Association of Health Care Professionals is hereby nominated for the position of _____.

Nominated By: _____ (Please print) _____ (Signature)

Nomination for President and Vice President requires nine (9) seconders.

	Name (Please Print)	Signature
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I am aware that membership on the MAHCP Executive Council is publicized by MAHCP in various media available to the general public.

I Accept this Nomination: _____
 (Nominee's signature)

Nominations can be mailed to the attention of the Nominations Committee, MAHCP, 101-1500 Notre Dame Ave, Winnipeg, MB R3E 0P9 or faxed to 204-775-6829. **Closing date for nominations is Friday, June 24, 2016 at 1600 hours.**

"Manitoba's Largest Independent Health Care Union"

Approved Date: _____