



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](http://www.mahcp.ca)

## MAHCP STAFF REP NOMINATION FORM

Please print the following information.

**DATE:** \_\_\_\_\_

**FACILITY:** \_\_\_\_\_

**DEPARTMENT:** \_\_\_\_\_

**AREA:** \_\_\_\_\_

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 eligible to be nominated.

**Nominated By:** \_\_\_\_\_  
(please print) (signature)

**Seconded By:** \_\_\_\_\_  
(please print) (signature)

I am aware that the responsibilities of this position require that my contact information will be available to the General Membership and to my employer.

**I Accept this Nomination:** \_\_\_\_\_  
(nominee's signature)

Nominations can be faxed or mailed in to the above address, to the attention of the chair of the Nominations Committee. Nominations can be mailed to the attention of the Nominations Committee: MAHCP, 101-1500 Notre Dame Ave, Winnipeg, MB R3E 0P9 or faxed to 775-6829. **Closing date for two year term (Oct 2016 to Oct 2018) deadline is June 24, 2016 at 1600 hrs.**

*"Manitoba's Largest Independent Health Care Union"*