

## Ask the President

Member Name:		Date:	
Department:	Site:		
Personal Member Contact Info:			
Address:			
	City	Province	Postal Code
Phone:			
Work	Home		
Personal Email: (Please note that it is not appropri	iate to use work email for Union l	business)	
The Executive Board wants to hear from you. Or President" form. If you have a question/suggest receiving the question/suggestion/concern. If y confidentially rules and guidelines, the question a you provide permission. Please note that all correand received to publish it.  Member Question/Concern/Suggestion:	tion/concern, the Presid your question is of int and the response may b espondence will be kept	dent will answer erest to others e published in the confidential unle	you within 21 days o and it doesn't violate e MAHCP Newsletter i ss permission is sough
President's Response:			
	·	Presi	dent's Signature
Date Received:	Date Responded:		

Email form to: <a href="mailto:president@mahcp.ca">president@mahcp.ca</a> or mail to President MAHCP 101-1500 Notre Dame Ave., Winnipeg, MB R3E 0P9 or Fax (204) 775-6829.