



MAHCP Executive Council Nomination Form

Please print

Name: _____ Date: _____

Facility: _____ Department: _____

Area/Site: _____

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

I am aware that the membership on the MAHCP Executive Council is publicized by MACHP in various media available to the public.

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

Nominated By: _____
(Please print) (Signature)

Seconded By: _____
(Please print) (Signature)

Seconded By: _____
(Please print) (Signature)

Check applicable line (s):

- I understand the appointment lasts until the next AGM
- I intend to stand for election to this position for two (2) years as of the next AGM

Nominations can be faxed to the Nominations Committee at: **1-204-775-6829** or mailed to:

Chair of the Nominations Committee

101-1500 Notre Dame Ave.

Winnipeg, MB R3E 0P9

Closing date for two-year term deadline is the last Friday in June at 1600 hrs. Per MAHCP policy all *Nomination Forms* must have a biography submitted with it. If you wish to send an electronic copy please forward to info@mahcp.ca

For Office Use only

Phone #(s): _____ E-mail Address: _____