



MAHCP Member Advocate 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 eligible to be nominated.

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)

Nominated By: _____
(Please print) (Signature)

Seconded By: _____
(Please print) (Signature)

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: _____