



President or Vice-President Nomination Form

Please print

Name: _____ Date: _____

Facility: _____ Department: _____

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

Nominated By: _____
(Please print) (Signature)

Nominations for President/Vice-President require nine (9) signatures. Please see the back of this form for required signatures.

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

I Accept this Nomination: _____
(Nominee's 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 nominations 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 Number(s): _____ Approval date: _____

E-mail Address: _____

Nominations for President/Vice-President require nine (9) signatures. Please see below for required signatures.

	Name	Signature
1		
2		
3		
4		
5		
6		
7		
8		
9		