



Central Table Bargaining Committee

2018 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 to sit on the 2018 Central Table Bargaining Committee.

Nominated By: _____
(Please print) (Signature)

Seconded By: _____
(Please print) (Signature)

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

Acceptance by the nominee of the nomination does not ensure the nominee a place on the committee. Selections are made as per the "MAHCP Central Bargaining Committee Policy-January 15, 2005".

Nominations can be faxed to: **1-204-775-6829** or mailed to:
President MAHCP
101-1500 Notre Dame Ave.
Winnipeg, MB R3E 0P9

Closing date for nominations is: **July 30, 2017**

For Office Use only

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