MAHCP Member Advocate

Nomination Form

Please print

Name: _____ **Date:** _____

Facility: _____ **Department:** _____

Area/Site: _____

I, _____, being a member in good standing with the
(Nominees Name)

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 **1-204-775-6829** or mailed to:

Manitoba Association of Health Care Professionals
101-1500 Notre Dame Ave
Winnipeg, MB R3E 0P9

Closing date for nomination is May 31st at 1600 hrs.