



101-1500 Notre Dame Ave.  
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## EXECUTIVE COUNCIL NOMINATION FORM

Please print the following information.

**DATE:** \_\_\_\_\_

**FACILITY:** \_\_\_\_\_ **DEPARTMENT:** \_\_\_\_\_

**AREA:** \_\_\_\_\_

Contact Information: Phone Number(s): \_\_\_\_\_  
(For office use only) E-Mail Address: \_\_\_\_\_

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

**Nominated By:** \_\_\_\_\_  
(Please print) (Signature)

**Seconded By:** \_\_\_\_\_  
(Please print) (Signature)

**Seconded By:** \_\_\_\_\_  
(Please print) (Signature)

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

Check applicable line (s).

\_\_\_\_\_ I understand that the appointment lasts until the next AGM.

\_\_\_\_\_ I intend to stand for election to this position for two years as of the next AGM.

**I Accept this Nomination:** \_\_\_\_\_  
(Nominee's signature)

Nominations can be mailed to the attention of the Nominations Committee, MAHCP, 101-1500 Notre Dame Ave, Winnipeg, MB R3E 0P9 or faxed to 204-775-6829. **Closing date for nominations is June 24, 2016 at 1600 hours.**

*"Manitoba's Largest Independent Health Care Union"*