



# Central Table Bargaining Committee

## 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 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: **January 31, 2020**

For Office Use only

Phone Number(s): \_\_\_\_\_ E-mail Address: \_\_\_\_\_