



## Central Table Bargaining Committee

### 2020 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 2020 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 scanned and emailed to [info@mahcp.ca](mailto:info@mahcp.ca)  
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 February 18, 2020.**

For Office Use only

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