



MAHCP Member Advocate Nomination Form

Please print

Name: _____ Date: _____

Facility: _____ Department: _____

Area/Site: _____

I, _____, being a member in good standing with the
(Nominee's Name)
Manitoba Association of Health Care Professionals, am 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)

Completed nomination forms can be scanned and emailed to info@mahcp.ca,
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
The last Friday in May at 1600 hours**

PLEASE NOTE: Nominees and nominators must have submitted a signed MAHCP membership application card to be eligible to participate in the nomination process.