



**MAHCP EXECUTIVE COUNCIL**  
*Nomination Form*

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Facility:** \_\_\_\_\_ **Department:** \_\_\_\_\_

**Area/Site:** \_\_\_\_\_

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

*Member name*

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

**I accept this nomination:** \_\_\_\_\_  
*Nomination Signature*

Nominated by: \_\_\_\_\_ Signature: \_\_\_\_\_  
*Please Print*

Seconded by: \_\_\_\_\_ Signature: \_\_\_\_\_  
*Please Print*

Seconded by: \_\_\_\_\_ Signature: \_\_\_\_\_  
*Please Print*

Nominations can be faxed to the Nominations Committee at **1-204-775-6829** or mailed to:

**Closing date for nomination forms is Friday, May 28th, 2021 at 4 pm.**

**Chair of the Nominations Committee**  
**101-1500 Notre Dame Ave.**  
**Winnipeg, MB R3E 0P9**

Per MAHCP policy all Nomination Forms must have a biography submitted with it. If you wish to send an electronic copy please forward to [info@mahcp.ca](mailto:info@mahcp.ca)