



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 27th, 2022 at 4 p.m.

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