



MAHCP EXECUTIVE COUNCIL
Consideration for Appointment

Name: _____ **Date:** _____

Email: _____ **Phone:** _____

Facility: _____ **Department:** _____

Area/Site: _____

_____, being a member in good standing with the Manitoba Association of
Member name
Health Care Professionals is hereby considered for the position of:

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 consideration: _____
Signature

Moved by: _____ *Please Print* Signature: _____

Seconded by: _____ *Please Print* Signature: _____

Seconded by: _____ *Please Print* Signature: _____

Forms can be submitted to the Chair of the Nominations Committee through:

Email: info@mahcp.ca

Fax: 1-204-775-6829

Mail: 101-1500 Notre Dame Ave.
Winnipeg, MB R3E 0P9

**Closing date for Consideration Forms is
Monday, November 21 at 4 p.m.**

All Consideration Forms must include a biography.