



MAHCP EXECUTIVE COUNCIL Nomination Form

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 nominated 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 nomination: _____
Nomination Signature

Nominated by: _____
Please Print Signature: _____

Seconded by: _____
Please Print Signature: _____

Seconded by: _____
Please Print Signature: _____

Send to the Nominations Committee by:

Email info@mahcp.ca

Fax 1-204-775-6829

Address Chair of the Nominations
Committee c/o MAHCP
101-1500 Notre Dame Ave.
Winnipeg, MB R3E 0P9

**Closing date for nomination forms is
Friday, May 26th, 2023 at 4 p.m.**

Per MAHCP policy all Nomination Forms must have
a biography submitted with it.