



MAHCP Executive Council Nomination Form

Please print

Name: _____ Date: _____

Email: _____ Phone: _____

Facility: _____ Department: _____

Area/Site: _____

(Nominee's Name) _____, being a member in good standing with the Manitoba Association of Health Care Professionals is hereby nominated for the position of _____ . I am aware that the membership on the MAHCP Executive Council is publicized by MAHCP in various media available to the public.

Where an election is required, I, _____ will adhere to all policies regarding the election process. I understand failure to comply with elections policies may result in an investigation being conducted in accordance with Article 16 (Discipline) of the Constitution.

I Accept this Nomination: _____
(Nominee's signature)

Nominated By: _____
(Please print) (Signature)

Seconded By: _____
(Please print) (Signature)

Seconded By: _____
(Please print) (Signature)

Completed nomination forms (including biography) can be sent electronically to
nominations@mahcp.ca

Deadline for nominations is Friday, May 31st, 2024 at noon

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

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