



MAHCP Member Advocate Nomination Form

Please print.

Name: _____ Date: _____

Facility: _____ Department: _____

Area/Site: _____

(Nominee's name) _____, being a member in good standing with the Manitoba Association of Health Care Professionals am hereby eligible to be nominated.

I am aware that this position requires that my contact information be available to the general membership and to my Employer.

I accept this nomination: _____
(Nominee's signature)

Nominated by: _____
(Please print) (Signature)

Seconded by: _____
(Please print) (Signature)

Completed nomination forms 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.