



President or Vice-President Nomination Form

Please print

Name: _____ Date: _____

Facility: _____ Department: _____

(Nominees Name) _____, being a member in good standing with the Manitoba Association of Health Care Professionals is hereby nominated for the position of: President Vice-President

Nominated By: _____
(Please print) (Signature)

Nominations for President/Vice-President require nine (9) signatures. Please see the back of this form for required signatures.

I am aware that membership of 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)

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

Closing date nominations is Friday May 31, 2024 at Noon
Per MAHCP policy all *Nomination Forms* you must have a biography submitted with this form.

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

For Office Use only

Phone Number(s): _____ Approval date: _____

E-mail Address: _____

Nominations for President/Vice-President require nine (9) signatures. Please see below for required signatures.

	Name	Signature
1		
2		
3		
4		
5		
6		
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