



MAHCP Executive Council Nomination Form

Please print

Name: _____ Date: _____

Email: _____ Phone: _____

Facility: _____ Department: _____

Area/Site: _____

(Nominees 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 MACHP in various media available to the public.

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

Nominated By: _____
(Please print) (Signature)

Seconded By: _____
(Please print) (Signature)

Seconded By: _____
(Please print) (Signature)

Completed nominations can be scanned and emailed to the Nominations Committee at: nominations@mahcp.ca

**Closing date for nomination forms is
Friday, May 31st, 2024 at noon**

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