

Executive Council Nomination Form

MAHCP.

Manitoba Association of
Health Care Professionals

Name: _____ Date: _____

Email: _____ Phone: _____

Facility: _____ Department: _____

Area/Site: _____

(Nominee's name) _____, being a Member in Good Standing of the Manitoba Association of Health Care Professionals, am hereby eligible to be nominated for the position of _____.

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

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

I accept this nomination: _____
Nominee name - Please sign.

Nominated by: _____
(PRINT NAME) Signature

Seconded by: _____
(PRINT NAME) Signature

Seconded by: _____
(PRINT NAME) Signature

Deadline for nominations is Friday, May 30, 2025 at noon.

Email signed/completed forms and a biography to nominations@mahcp.ca

Note: Nominees and nominators must be MAHCP Members in Good Standing to be eligible to participate in the nomination process. This means they have submitted and signed a MAHCP registration form or card.

An online member registration form is available at www.mahcp.ca.