

President/Vice President Nomination Form

Please print.

Name: _____ Date: _____

Facility: _____ Department: _____

Nominee's name (_____) being a Member in Good Standing of the Manitoba Association of Health Care Professionals, is hereby nominated for the position of: President Vice President

Nominated by: _____
PRINT NAME SIGNATURE

Nominations for President/Vice President require nine (9) signatures from MAHCP Members in Good Standing as well as a nominee biography. Please use page 2 to collect signatures.

I am aware that membership of the MAHCP Executive Council is publicized in various promotional media, including on the MAHCP website.

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's signature

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

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

Per MAHCP policy, all President/Vice President nomination forms must be accompanied by a biography.
Note: Nominees and nominators must be MAHCP Members in Good Standing to be eligible to participate in the nomination process. This means they must have submitted and signed a MAHCP registration form or card.
A member registration form is available online at www.mahcp.ca.

For office use only

Phone number: _____ Email address: _____

Approval date: _____

President/Vice President Nomination Form



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MAHCP Members in Good Standing.**

Please print and provide a paper copy for signature collection:

MEMBER NAME Please print.	SIGNATURE