Member Advocate
NOMINATION FORM

MAHCP.
Manitoba Association of Health Care Professionals

Member name: _____ Date: _____

Email: _____ Phone: _____

Employer: _____ Site: _____

Department: _____ Classification: _____

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

Nominated by: _____ _____
(PRINT NAME) **Signature**

Seconded by: _____ _____
(PRINT NAME) **Signature**

Nomination period is closed, however nominations will be submitted for consideration for appointment.

Email completed form 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 member registration form or card. An online member registration form is available at www.mahcp.ca.

Manitoba Association of Health Care Professionals
101-1500 Notre Dame Ave, Winnipeg Manitoba R3E 0P9
T: 204-772-0425 E: info@mahcp.ca