

# District Director

**This checklist is a meant to be helpful guide to ensure your submission is complete. You are not required to include this page with the completed nomination form on the following page.**

## Membership & District Status

- You, the nominee, are a MAHCP Member in Good Standing.
- The nominator and seconders are Members in Good Standing.
- The nominator and seconders are in the **same district as the nominee**.

Members in Good Standing have signed a union card or completed a digital member application. You may be receiving our emails and have access to our Member Portal, however this does NOT mean you are a Member in Good Standing.

If you are unsure, please email [info@mahcp.ca](mailto:info@mahcp.ca) to confirm your Membership status.

## Biography Requirements

- Biography is included **with** your nominations form.
- Biography fits on one (1) double-sided 8<sup>1/2</sup> x 11" page (two pages total).
- You understand and agree to the following:
  - No edits or changes will be allowed after the deadline.
  - Biographies exceeding the length restrictions will be shortened to include only the content from the first double-sided page.
  - Biographies will be shared with members exactly as submitted (within length restrictions). MAHCP staff will not make any edits or formatting changes.

## Submission Deadline

- 12:00 PM on Friday, May 22, 2026
- Completed nomination form and biography emailed to [nominations@mahcp.ca](mailto:nominations@mahcp.ca)

# District Director

**DEADLINE: Friday, May 22, 2026 at 12:00 PM**

Submit completed form and biography via email to [nominations@mahcp.ca](mailto:nominations@mahcp.ca)

## MEMBER INFORMATION

NAME:

PHONE:

EMAIL:

DISTRICT:

FACILITY:

DEPARTMENT:

AREA/SITE:

## NOMINEE CONSENT & ACCEPTANCE

NOMINEE NAME

POSITION NAME (ex: Director, District 1/Northern – East)

Being a Member in Good Standing of the Manitoba Association of Health Care Professionals, I am hereby eligible to be nominated for the above position. 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 SIGNATURE

DATE

## NOMINATOR & SECONDER SIGNATURES

**NOMINATED BY:**

NAME

SIGNATURE

**SECONDED BY:**

NAME

SIGNATURE

**SECONDED BY:**

NAME

SIGNATURE