

# Vice President

**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 Status

- You, the nominee**, are a MAHCP Member in Good Standing.
- The **nominator** is a Member in Good Standing.
- The **nine members who provided signatures** are Members in Good Standing.

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 nomination 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 (subject to 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, biography, and page with 9 additional member signatures emailed to [nominations@mahcp.ca](mailto:nominations@mahcp.ca)

# Vice President

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

Email completed form, page with 9 additional member signatures, and biography to  
[nominations@mahcp.ca](mailto:nominations@mahcp.ca)

## MEMBER INFORMATION

NAME:

PHONE:

EMAIL:

DISTRICT:

FACILITY:

DEPARTMENT:

AREA/SITE:

## NOMINEE CONSENT & ACCEPTANCE

NOMINEE NAME

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

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

I accept this nomination:

NOMINEE SIGNATURE

DATE

## NOMINATOR SIGNATURE

NOMINATED BY:

NAME

SIGNATURE

**Nominations for Vice President require a minimum of nine (9) additional signatures from MAHCP Members in Good Standing. Please collect signatures on the next page.**

# Vice President

**Nominations for Vice President require a minimum of nine (9) additional signatures from MAHCP Members in Good Standing. Please collect signatures on the next page.**

NOTE: We have added extra rows to the table below in case you wish to collect more than the required nine signatures.

	MEMBER NAME (please print)	SIGNATURE
1		
2		
3		
4		
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12		
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