

Consideration for Appointment

Email your completed form and biography to 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)

I, _____, as a Member in Good Standing of the Manitoba Association of Health Care Professionals, am eligible to be considered for the above position.

I accept this consideration:

NOMINEE SIGNATURE

DATE

Movers and Seconders must be from the same district as the person being nominated.

MOVED BY:

NAME

SIGNATURE

SECONDED BY:

NAME

SIGNATURE

SECONDED BY:

NAME

SIGNATURE

Closing date for Consideration for Appointment Forms is Friday, June 26 at 12 p.m.

All submissions must include a biography (maximum length of two 8.5 x 11" pages).

A Member in Good Standing is an active member who has also submitted and signed a MAHCP union card or online application form. An online member application form is available at www.mahcp.ca.

Membership on the MAHCP Executive Council is publicized by in various media available to the public.