

Member Advocate

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.
- Your **Nominator** is a Member in Good Standing.
- Your **Secunder** is a Member in Good Standing.

As per the MAHCP Constitution, MAHCP Members in Good Standing are Active Members who have signed our union card or completed a digital member application. Even if you are receiving our emails and have access to the MAHCP Member Portal, it does NOT mean you are a Member in Good Standing. If you are unsure of your membership status, please email info@mahcp.ca to confirm.

Submission Instructions

- Email your completed nominations form to nominations@mahcp.ca

Member Advocate

Submit completed nomination form via email to nominations@mahcp.ca

MEMBER INFORMATION

NAME:

PHONE:

EMAIL:

SITE:

EMPLOYER:

DEPARTMENT:

CLASSIFICATION:

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 above position. 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 SIGNATURE

DATE

NOMINATOR & SECONDER SIGNATURES

NOMINATED BY:

NAME

SIGNATURE

SECONDED BY:

NAME

SIGNATURE