



101-1500 Notre Dame Ave.
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EXECUTIVE COUNCIL 2005

NOMINATIONS FORM

Please print the following information.

DATE: _____

FACILITY: _____

DEPARTMENT: _____

AREA: _____

(Name) _____, being a member in good standing with the Manitoba Association of Health Care Professionals is hereby nominated for the position of _____.

Nominated By: _____
(please print) (signature)

Seconded By: _____
(please print) (signature)

I Accept this Nomination: _____
(nominee's signature)

Nominations can be mailed to the attention of Vice-President, MAHCP, 101-1500 Notre Dame Ave, Winnipeg, MB R3E 0P9 or faxed to 775-6829. **Closing date for nominations is August 5, 2005.**

"Manitoba's Largest Independent Health Care Union"