

EXECUTIVE COUNCIL NOMINATION FORM

Please print the following information.

DATE: _____

FACILITY: _____

DEPARTMENT: _____

AREA: _____

Contact Information: Phone Number(s): _____
(For office use only)

E-Mail Address: _____

(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 am aware that membership on the MAHCP Executive Council is publicized by MAHCP in various media available to the general public.

Check applicable line (s).

_____ I understand that the appointment lasts until the next AGM.

_____ I intend to stand for election to this position for two years as of the next AGM.

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

Nominations can be mailed to the attention of the Nominations Committee, MAHCP, 101-1500 Notre Dame Ave, Winnipeg, MB R3E 0P9 or faxed to 775-6829. **Closing date for nominations is June 25, 2010 at 1600 hours.**

"Manitoba's Largest Independent Health Care Union"