



101-1500 Notre Dame Ave.
Winnipeg MB
R3E 0P9
Phone: 1-204-772-0425
Fax: 1-204-775-6829
Info Line: 1-800-315-3331

Website: www.mahcp.ca

MAHCP STAFF REP 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 eligible to be nominated.

Nominated By: _____ (please print) _____ (signature)

Seconded By: _____ (please print) _____ (signature)

I am aware that the responsibilities of this position require that my contact information will be available to the General Membership and to my employer.

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 faxed or mailed in to the above address, to the attention of the chair of the Nominations Committee. 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"