

Member Advocate Nomination Form

MAHCP.

Manitoba Association of
Health Care Professionals

Date: _____

Name: _____

Employer Organization: _____
(Shared Health, WCHREO, NHREO)

Employer: _____ Site: _____

Department: _____ Classification: _____

(Nominee's name) _____, being a Member in Good Standing of the Manitoba Association of Health Care Professionals, am hereby eligible to be nominated. 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 name

Please sign.

Nominated by: _____
(PRINT NAME) Signature

Seconded by: _____
(PRINT NAME) Signature

Deadline for nominations is Friday, May 30, 2025 at noon.

Email signed and completed forms to nominations@mahcp.ca

Note: Nominees and nominators must be MAHCP Members in Good Standing to be eligible to participate in the nomination process. This means they have submitted and signed a MAHCP member registration form or card.

An online member registration form is available at www.mahcp.ca.