

## Districts 1, 6 and 9 Nomination Form

I, \_\_\_\_\_,  
nominate,  
(Name of Nominator)

Nominee First Name:	Nominee Last Name:
Nominee Registration Number:	
For election to the Board of College of Massage Therapists of Ontario for Electoral District Number	

The undersigned registrants are in good standing and eligible to vote in Electoral District No. \_\_\_\_\_.

A Massage Therapist is eligible to vote in Districts 1, 6 and 9 if their principal place of Massage Therapy practice is in the electoral district or, if not practising Massage Therapy, they principally reside in the electoral district.

**The Nominator, who is eligible to vote in the electoral district in which the election is to be held, completes line 1 below, and at least four (4) additional registrants, who are eligible to vote in any electoral district and support the nomination, complete lines 2 – 5 below.**

Once complete, you may proceed to the Application which can be found here: [CMTO Application Form](#)

- You are required to upload a copy of this completed form to proceed with your application.
- In lieu of a signature, a nominator may send an email of support from the registrant’s email address on file with CMTO.
- ALL files of nomination will need to be uploaded in the application as a single pdf or jpeg file.

If you have any difficulties in submitting a nomination, please contact Vera Patterson at 416-489-2626 ext. 4189 or by email to [vera.patterson@cmto.com](mailto:vera.patterson@cmto.com) for assistance.

	Signature	Print Name	Registration Number
1.			
2.			
3.			
4.			
5.			

Consent of Nominee:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone #