

District 7 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 7.	

The undersigned registrants are in good standing and eligible to vote in Electoral District No. 7.

A Massage Therapist is eligible to vote in District 7 if they have maintained at least 12 student contact hours per week through classroom teaching, academic advising and/or curriculum development, in a Massage Therapy school or program, recognized in Ontario, during the academic year and during each of the previous three academic years.

The Nominator completes line 1 below and at least 2 additional registrants who are eligible to vote and support the nomination, complete lines 2 – 3 below.

The following are acceptable for this election:

- Signatures on the nomination form can be submitted individually, electronically, by facsimile or by mail, or
- In lieu of a signature, an email stating the name of the RMT the registrant is nominating can be sent from the registrant's email address on file with CMTO.

If you have any difficulties in submitting a nomination, please contact Chevanne Simpson at 416-489-2626 ext. 4189 or by email to vera.patterson@cmta.com for assistance.

	Signature	Print Name	Registration Number
1.			
2.			
3.			

Consent of Nominee:

Signature

Address

Telephone #