

NOMINATION AND CONSENT FORM

NOMINATION

We the undersigned, both of whom are either an Active or a Life Member of the Registered Massage Therapists' Association of Ontario, do hereby nominate

Print Name Clearly		
also an Active or Life Member of t Ontario, for the position of Directo	•	
Nominated by:		
Print Name	Signature	Member No.
Seconded by:		
Print Name	Signature	Member No.
CONSENT		
I,	Association of Ontario, do herek	
Signature		Member No.

This form must be completed and returned by email, mail or fax no later than 5:00 p.m. on Friday, November 1, 2019. Any nominations or consents received after that date and time will be considered invalid. Return to:

Registered Massage Therapists' Association of Ontario 1243 Islington Avenue, Suite 704 Etobicoke, Ontario M8X 1Y9 Email: info@rmtao.com

Fax: (416) 979-1144