

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 to Ontario, for the position of Director | | |
| 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 4:00 p.m. on Friday, October 23, 2020. 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