



Massage Therapists' Association of Nova Scotia

Nomination Form

Candidate

Name: _____

Address: _____

Phone: (h) _____ (w) _____

(c) _____ (f) _____

Email: _____

Brief Statement of Qualifications:

Signature

Date

Active Member	1 st Endorsee	2 nd Endorsee
Name		
Signature		
Date		
Phone (h)		
Phone (w)		

Thank you and best of luck with being nominated!