



NOMINATION DECLARATION

I _____ am willing to stand for election and, if elected, to assume all duties of the member of Council for the

ELECTORAL DISTRICT 3 – CENTRAL EASTERN

Signed: _____ Date: _____

We, the undersigned members, who are entitled to vote in the College of Physiotherapists of Ontario election for the electoral district named above, nominate:

Name - Please Print

Certificate of Registration #

Registrants entitled to vote:

- hold a certificate of registration that is in good standing with the College;
- practise or reside in Ontario, and
- on **January 19, 2012**, have a home address or primary business address in the central eastern electoral district, composed of the counties of Haliburton, Northumberland and Peterborough, the city of Kawartha Lakes and the regional municipalities of Durham, and York.

**NAME
(Print)**

SIGNATURE

**CERTIFICATE OF
REGISTRATION #**

This form must be received by **2:00 pm, February 22, 2012**

at the

College of Physiotherapists of Ontario
375 University Avenue, Suite 901
Toronto, ON M5G 2J5

fax # 416-591-3834