



## 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 7 – TORONTO EAST

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 Toronto East electoral district composed of the City of Toronto to the east of the centre of Yonge Street.

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**