

Nomination Form

I, (please print): _____, being an OAO Active or Inactive Member in good standing, hereby nominate (please print name of nominee) _____, who is an OAO Active or Inactive Member, for election to the Board of Directors of The Transitional Council of the College of Osteopathic Manual Practitioners of Ontario o/a the Ontario Association of Osteopathic Manual Practitioners (OAO).

I, (please print name) _____, being an OAO Active or Inactive Member in good standing, second the nomination.

All nominations must be seconded by an OAO Active or Inactive Member in good standing and received by fax or email no later than **5:00 pm Eastern on Friday, April 19, 2024.**

Attention: Nominations

Ontario Association of Osteopathic Manual Practitioners
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Email: admin@osteopathyontario.org