



# FSMTA ANNUAL ELECTIONS FOR THE EXECUTIVE COMMITTEE

## NOMINATION APPLICATION

**Nominating Period: November 1, 2009 - December 31, 2009 • Term of Office: 7/10 - 7/12**

Office Being Sought \_\_\_\_\_

Name of Nominee \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

E-mail \_\_\_\_\_ Fax \_\_\_\_\_

Nominee's FL Massage Therapy License # MA \_\_\_\_\_

Is nominee a resident of Florida? (circle one)                      Yes                      No  
*(attach proof of residency, i.e., Florida Drivers License)*

Can nominee be bonded if necessary?                                      Yes                      No

Can nominee fill the time commitment of office?                      Yes                      No

Does any potential conflict of interest exist?                      Yes                      No

If yes, explain \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Education \_\_\_\_\_

List offices held (past or present) in other professional organizations \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

FSMTA Offices and positions held, including dates:

Positions	Dates Held
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Other experience relevant to the office...attach separate sheet.  
 Reasons and objectives for seeking this office...attach separate sheet.

The signature below affirms the above as true and correct and is acceptance of the nomination, if approved.

Signature \_\_\_\_\_

**Return application and supporting documents by December 31, 2009, to  
 FSMTA Central Office, 1870 Aloma Ave., Suite 260, Winter Park, FL 32789, Attn: Nominating Committee**