



NOMINATION FORM - 2018

“We, as members in good standing of the College of Physiotherapists of Manitoba, do hereby nominate the following person(s) for election to the Council.

| NAME | CPM NO. | NOMINEE'S SIGNATURE |
|------|---------|---------------------|
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We have obtained the permission of the foregoing nominee(s) as indicated by the signature(s) above. Resume(s) of the above candidate(s) are enclosed for distribution.”

Signed this _____ day of _____, 2018

Name: _____ CPM No. _____

Name: _____ CPM No. _____

Please append a curriculum vitae (for the last five years), **not to exceed one page** and highlighting your education, employment, professional activities and goals or issues for being on the Council.

Deadline for Nominations: March 16, 2018