

**Oregon Massage Therapists Association
Executive Committee**

Nominee Bio Form

Name _____ LMT license _____
Address _____ Phone _____
City, state, zip _____ Email _____

Indicate the position you are running for

- President Vice President Secretary
 Treasurer Membership Other (appointed) office: _____

Education

Membership in Professional Organizations

Short Description of the type of massage/bodywork you practice

What gifts and strengths would you bring as a member of the Executive Committee of OMTA?

What do you see as the most important next step for the position you are running for?

What do you envision for the future of OMTA?