

OMTA Ballot Biography

Position:	
Name:	
Number of Years in Practice:	
Oregon Massage License #:	
Education:	
Membership in Professional Organizations:	
Short description of the type of massage/bodywork you practice:	
What gifts and strengths do you feel that you will bring as a member of the Executive Committee of OMTA?	
What do you see as the most important next step for the position for which you have been nominated?	
What do you envision for the future of OMTA?	
Contact Info (mailing address, email address, phone numbers):	