



CANADIAN FEDERATION OF MUSIC TEACHERS' ASSOCIATIONS
FÉDÉRATION CANADIENNE DES ASSOCIATIONS DE PROFESSEURS DE MUSIQUE

NOMINATION FORM FOR CFMTA/FCAPM POSITIONS

I, _____ from _____ (RMTA) nominate
(Your name and position)

(Name of nominee)

for the position of

Date: _____ Signature _____
(Your signature)

PERMISSION FORM

I, _____ accept the nomination for the

office of _____

Date: _____ Signature _____
(Nominee's signature)

** Note: a CV and letter of recommendation from the nominee is also required with this form.

WRITTEN NOMINATIONS WILL BE ACCEPTED UNTIL MAY 1st 2024
PLEASE PRINT THEN SCAN TO THE CFMTA/FCAPM SECRETARY
AT THE ADDRESS BELOW

Heather Fyffe
CFMTA Secretary
Email: admin@cfmta.org