

## MEMBERSHIP APPLICATION FORM

\_\_\_ ACTIVE                      \_\_\_ INACTIVE

If applying for **active** membership, please list your home address and the Business addresses of any clinics that you practice in.

Also indicate which address you wish all mail to be sent to.

If applying for **inactive** membership, just fill in your home mailing address.

Name _____	Bus. Name _____
Address _____	Bus. Address _____
City _____	City _____
Prov/Postal Code _____	Postal Code _____
Phone _____	Phone _____
Email _____	Fax _____

### **Education**

#### **Post Secondary:**

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

#### **Message Therapy School Attended:**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_  
Date of Graduation \_\_\_\_\_

**Registration with:** College of Massage Therapists' of Ontario \_\_\_ B.C. \_\_\_ N.B. \_\_\_  
Date of Registration \_\_\_\_\_ # \_\_\_\_\_

Are you now or have you in the past been associated with any other governing body that regulates massage therapy? YES \_\_\_ NO \_\_\_. If yes, specify \_\_\_\_\_

Additional pre/ post graduate skills/ training \_\_\_\_\_

*I am interested in contributing to the NLMTA in the following committees:*

Public/ Professional Relations _____	Outreach _____
Continuing Education _____	Research _____

*I am interested in being nominated for a volunteer position with the  
NLMTA \_\_\_\_\_ (Signature)*

