



# REMEDIAL MASSAGE THERAPISTS ASSOCIATION

## INACTIVE MEMBERSHIP APPLICATION

### Personal Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Initial: \_\_\_\_\_  
Personal Email: \_\_\_\_\_  
Date of Birth: (DD/MM/YYYY) \_\_\_\_\_ Gender:  Male  Female  
Home Telephone: (\_\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_\_) \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

**Education and Training-** We require documented proof of completion of 2200 hours of education from a recognized school of massage.

1. School Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Date of Graduation (DD/MM/YY): \_\_\_\_\_ Number of Hours \_\_\_\_\_  
Document awarded (please attach a copy):  
 Certificate  Diploma  Other (please indicate): \_\_\_\_\_

2. School Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Date of Graduation (DD/MM/YY): \_\_\_\_\_ Number of Hours \_\_\_\_\_  
Document awarded (please attach a copy):  
 Certificate  Diploma  Other (please indicate): \_\_\_\_\_

By affixing my signature below, I attest that I am not currently practicing massage therapy. I understand and accept that false declaration of my status will result in review by the RMTA Disciplinary Committee and that I may lose my membership and membership privileges.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Application Checklist

- Completed application form
- Criminal Record Check

**\*completed within the last 90 days**

#### **Indicate Payment Method:**

- Cheque** (enclosed with application)
- Email Money Transfer** (you will receive instructions once your application is confirmed)
- Credit Card** (you will receive an invoice from PayPal via email with further instructions for payment)

**Please Note:** Incomplete applications will not be processed until all information is submitted. No refunds will be given for cancellation of membership for any reason.