



# REMEDIAL MASSAGE THERAPISTS ASSOCIATION

Office Use Only

Membership # \_\_\_\_\_

Approval Date: \_\_\_\_\_

Change Date: \_\_\_\_\_

Rcpt #: \_\_\_\_\_

## 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)

Money Order (enclosed with application)

Credit Card

**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.