



# REMEDIAL MASSAGE THERAPISTS ASSOCIATION

## ASSOCIATE MEMBERSHIP APPLICATION

### Personal Information

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

### Education and Training

Minimum 1000 hours of training  
School Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Date of Graduation (DD/MM/YY): \_\_\_\_\_ Number of Hours: \_\_\_\_\_  
Document awarded (please attach a copy):  
 Certificate or  Diploma **and**  Transcript

Confirmed enrollment in a minimum 1200 hour program  
\*Attach a Confirmation of Enrollment letter.\*

School Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Projected Date of Graduation (DD/MM/YY): \_\_\_\_\_ Number of Hours: \_\_\_\_\_  
\*Completed program documentation must be submitted within sixty (60) calendar days of graduation date.\*

The following information will be posted on the website under “**Find a Therapist.**”

### Professional Information

Business Name: \_\_\_\_\_  
Business Website: \_\_\_\_\_  
Business Email: \_\_\_\_\_  
Business Telephone: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_  
Business Address: \_\_\_\_\_  
City/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

## Modalities

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Active Release  | <input type="checkbox"/> Integrative Manual Therapy    | <input type="checkbox"/> Sport Massage                      |
| <input type="checkbox"/> Acupressure   | <input type="checkbox"/> Joint Mobilization            | (including athletic taping and bracing)                     |
| <input type="checkbox"/> Alexander Method  | <input type="checkbox"/> Manual Lymphatic Drainage     | <input type="checkbox"/> Strain/Counterstrain               |
| <input type="checkbox"/> Aromatherapy  | <input type="checkbox"/> Muscle Energy Technique       | <input type="checkbox"/> Structural Integration             |
| <input type="checkbox"/> Bowen Therapy   | <input type="checkbox"/> Myofascial Release            | <input type="checkbox"/> Suction Cupping                    |
| <input type="checkbox"/> BrainGym  | <input type="checkbox"/> Lensen™                       | <input checked="" type="checkbox"/> Swedish Massage         |
| <input type="checkbox"/> Certified Athletic/Sports Therapist-Limits for Pro Athletes | <input type="checkbox"/> Lomi-Lomi                     | <input type="checkbox"/> TENS Therapy                       |
| <input type="checkbox"/> Craniosacral  | <input type="checkbox"/> Low Intensity Laser Therapy   | <input type="checkbox"/> Therapeutic Harmonics              |
| <input type="checkbox"/> Deep Muscle   | <input type="checkbox"/> Neuromuscular Therapy         | <input type="checkbox"/> Therapeutic Massage                |
| <input type="checkbox"/> Feldenkrais Technique                                       | <input type="checkbox"/> Onsen                         | <input type="checkbox"/> Therapeutic Touch                  |
| <input type="checkbox"/> Fire Cupping  | <input type="checkbox"/> Orthobionomy                  | <input type="checkbox"/> Touch for Health/RESET             |
| <input type="checkbox"/> Healing Touch   | <input type="checkbox"/> Pre & Post Natal Massage      | <input type="checkbox"/> Traditional/Thai/Thai Yoga Massage |
| <input type="checkbox"/> Hot Stone Therapy   | <input type="checkbox"/> Raindrop Therapy              | <input type="checkbox"/> Trager                             |
| <input type="checkbox"/> Hydrotherapy  | <input type="checkbox"/> Reflexology                   | <input type="checkbox"/> Trigger Point                      |
| <input type="checkbox"/> IASTM Instrument Assisted Soft Tissue Manipulation          | <input type="checkbox"/> Reiki                         | <input type="checkbox"/> Visceral Manipulation              |
| <input type="checkbox"/> Indian Head/Foot Massage                                    | <input checked="" type="checkbox"/> Relaxation Massage | <input type="checkbox"/> Yoga                               |
| <input type="checkbox"/> Infant Massage  | <input type="checkbox"/> Shiatsu                       |   |
|  | <input type="checkbox"/> Shockwave Therapy             |   |
|  | <input type="checkbox"/> Somatics                      |   |

\*A certificate of completion must be submitted for any modality indicated that was not included in your 1000 hours of education in order for the liability and malpractice insurance to cover you to perform that treatment. If you are practicing one of the above modalities and RMTA does not have a certificate on file for you, the insurance will not cover you. Please note there is an additional \$100 surcharge for Yoga and \$150 surcharge for Fire Cupping that is payable directly to the broker.\*

Have you ever been a member of a massage therapists association or massage therapy college?

YES NO \*\*If you currently hold a membership please provide a letter of good standing.

If yes, please name the association(s) / college(s), your membership number and when you had a membership:

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Has a massage therapists association or college ever denied you admittance into their organization?

YES NO

If yes, please state the organization and their reasoning:

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Has your membership ever been cancelled with a massage therapy association or college?

YES NO

If yes, please state the organization and the reason for cancellation:

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Did you ever have a complaint filed against you while being a member of a massage therapists association or massage therapy college? YES NO

If yes, please state the organization involved and describe the details of the complaint:

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**Personal Information Protection Act (PIPA)**

Personal information is used only for internal database purposes. In the event that a member’s residential address is also their business address, it is understood and agreed by the member, as signed below, that this information may be given out by the RMTA for business purposes only.

In order to provide and improve member services, the RMTA collects the personal and business related information contained within this application. Other than your name, city, province, membership status and the above mentioned business contact information, information you provide on this form is confidential and will only be used for the provision of member services and statistical reporting in accordance with the PIPA.

The signature below is to be considered as consent to the collection, use and disclosure of personal information as described. The signature below is also considered as consent for the Registered Massage Therapists Association to publish business contact information and treatment types available in various formats as required from time to time, including the Find a Therapist area of the RMTA website.

**Signature:**

\_\_\_\_\_

I, the undersigned, declare that the information provided and statements made in this application and any attached documents are true. I understand that I will operate within the scope of practice of my current level of training. I further understand that if I do not submit my completed program documentation stating that I have obtained a minimum of 2200 hours of education within sixty (60) calendar days of completion along with a completed application for full membership, including a valid certificate in First Aid and CPR, that my membership will be cancelled effective immediately.

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

Requested Effective Date: \_\_\_\_\_

\*If you would like your application effective as soon as possible, please put **ASAP**. Effective dates cannot be before the submission of your application.\*

**Application Checklist**

- Completed application form**
- Criminal Record Check**  
\*completed within the last 90 days
- Copy of Education Credentials including transcript**
- 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)

Membership Fee Payment Schedule	
Requested Effective Date	Cost
Jan, Feb, Mar	\$250
Apr, May, Jun	\$187.50
Jul, Aug, Sep	\$125
Oct, Nov, Dec	\$67.50
*Fees for the following year must be paid at the same time	+ \$250*= \$317.50

**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.

**Please tell us how you head about RMTA:**