

MEMBERSHIP RENEWAL 2009 – 2010

___ **ACTIVE**

___ **INACTIVE**

ACTIVE MEMBERSHIP - Please list your home address and the business addresses of all clinics where you practice .

INACTIVE MEMBERSHIP - List your mailing address and telephone number

1)Your Name _____ **2)**Business Name _____

Home Address _____ Bus. Address _____

Town/City _____ Town/City _____

Postal Code _____ Postal Code _____

Phone _____ Bus. Phone _____

Fax _____ Fax _____

Email _____ Email _____

3)Business Name _____ **4)**Business Name _____

Bus. Address _____ Bus. Address _____

Town/ City _____ Town/City _____

Postal Code _____ Postal Code _____

Bus. Phone _____ Bus. Phone _____

Fax _____ Fax _____

Email _____ Email _____

Please send my mail to the following address: 1) ___ 2)___ 3)___ 4)___

- I am interested in contributing to the following committees of the NLMTA:

Public/ Professional Relations_____ Newsletter_____ Website _____

Continuing Education_____ CMTA_____ Other _____

- I am interested in being nominated for an executive position_____

Active NLMTA members must attend at least one workshop/ seminar in massage therapy/ medical sciences each year. Please list any activity you have attended or presented in the past year which you feel has helped you improve or maintain your skills as a massage therapist:

I, the undersigned, understand that the application for renewal cannot be accepted unless it is completed and accompanied by the necessary documents. **INCOMPLETE RENEWAL APPLICATIONS WILL BE RETURNED.** Membership will lapse, including liability insurance, if the application is not received by midnight September 30, 2009.

I, the undersigned, hereby give consent to allow my personal information to be released to the Massage Therapist Association of Canada (MTAC). The MTAC has agreed to use this information exclusively to communicate the MTAC's events initiatives to its membership. Furthermore, the MTAC agrees to not release this information to any other third party without the undersigned's expressed consent.

If you **do not** wish for the MTAC to have your address information, check this box

Signature_____ Date_____

Please enclose payment for fees with your membership renewal form:

- Visa – please complete form below
- Cheque or money order – made payable to the NLMTA
- CASH WILL NOT BE ACCEPTED

\$335.00 – EARLY PAYMENT IF DOCUMENTS ARE RECEIVED ON OR BEFORE MIDNIGHT AUGUST 31, 2009

\$350.00 – ANNUAL FEE – DUE BY MIDNIGHT SEPTEMBER 30, 2009

***** RENEWAL APPLICATIONS RECEIVED AFTER SEPTEMBER 30, 2009 WILL BE SUBJECT TO A \$75.00 LATE FEE FOR EACH SUBSEQUENT MONTH FEE IS LATE*****

***** ACCOMPANYING THIS FORM IS A COPY OF YOUR INVOICE; IT SERVES AS YOUR RECEIPT. KEEP IT FOR YOUR PERSONAL RECORDS.*****

For payment by Visa, please complete the following:

Card # _____ Expiration Date_____

Signature_____