

STUDENT MEMBERSHIP APPLICATION FORM

Name _____

Formal Education:

Mailing Address _____

Post secondary _____

Massage Therapy School you are attending:

Postal Code _____

Phone _____

Full time _____ Part time _____

Email _____

Graduation Date: _____

Please answer the following:

- (1) Have you been found guilty of a criminal offence related to the regulation of the practice of massage therapy? YES___ NO___
- (2) Have you been found guilty of professional misconduct, incompetency or incapacity in any jurisdiction in relation to the praxes of massage therapy or any other health care profession? YES___ NO___
- (3) Are you the subject of any current proceedings for professional misconduct, incompetency or incapacity? YES___ NO___
- (4) Have you been convicted or charged with, and not yet been found guilty or acquitted of an offence that affects your fitness to engage in the practice of massage therapy? YES___ NO___

If you have answered YES to any of the above question, please provide details:

Please note that failure to answer any of the above questions or failure to sign the statement below constitutes grounds for rejecting this application for membership in the Newfoundland & Labrador Massage Therapists' Association. Furthermore, inaccuracies in this application discovered at a later date will be grounds for the immediate revocation of any NLMTA membership granted based on this application.

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

Public/ Professional Relations _____ Newsletter _____ Website _____

Continuing Education _____ CMTA _____ Other _____

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

Student Membership Fee - \$50.00

Student Membership stops when the program ends. Student Membership dues will be deducted from dues for Active Membership in the NLMTA for the first year following graduation.

**TO AVOID DELAYS IN PROCESSING, PLEASE ENSURE ALL
PROPER DOCUMENTATION AND FEES ARE ENCLOSED WITH
THIS APPLICATION**

**I agree to abide by the Constitution, Bylaws, Code of Ethics and Policies of the Newfoundland & Labrador Massage Therapists' Association (NLMTA).
I verify that all statements contained in this application are accurate and I give my permission to the NLMTA to contact any school, association or college with which I have been involved to verify any information given.**

Signature _____ Date _____

Instructor's Signature _____ Date _____