

Application for MTWPAM Membership

Full Membership Only

Members are responsible for the completion and accuracy of all information on initial applications, renewals and revisions:

Last Name:		First Name:		Middle Initial:
Date of Birth: (MM/DD/YYYY) / /		Gender: Male Female		
Address:				
Number/Street		City/Province		Postal Code
Telephone:		E-Mail Address:		
Cellular:		Website:		
Modality:				
Name of Practice:				
Address:				
Number/Street		City Province		Postal Code
Telephone:		E-Mail Address:		Fax Number:
Cellular:		Website:		
School Graduated from:				Year of Graduation:
School Contact Information:				
Do you currently have liability insurance coverage? Yes No		** Liability insurance is a condition of membership.		
If yes, please complete the following:				
Name of insurance company:				Current policy no.:
Is your general liability insurance Claims Made or Occurrence Basis ?				

Are/were you registered in another association?		Yes	No
Name of Association:		Registration no.:	
Membership period dates:	From:	To:	
Reason for discontinuing membership:			
Have you ever been expelled from an association?		Yes	No
If so complete the following:			
Name of Association:		Date of Expulsion:	
Reason for Expulsion:			
Have you ever been convicted of a criminal offence?		Yes	No
If yes, please complete the following and include a copy of a current criminal records check:			
City & Province:	Date of Conviction:	Pardoned?	
		Yes	No
Nature of Offence:			
As a massage therapist or wholistic practitioner, describe the specific body work practices you perform (i.e. relaxation massage, therapeutic massage, reflexology, aromatherapy, etc.):			
Please provide a full description of your operations other than described above (i.e. do you work in your home, with a chiropractor, with other therapists, do you sell products, etc.):			
During the past five years, have you, your partner or principals had any claims because of professional services, or any facts or circumstances that could give rise to a claim.		Yes	No
Do you conduct a preliminary examination and obtain a signed waiver from your clients.		Yes	No

The undersigned declares to the best of his or her knowledge that the statements made in the application and the information contained in this document are true.

Signature: _____ Date: _____

Membership Type: (Please check one)

FULL - \$100.00

STUDENT - \$60.00

ASSOCIATE - \$60.00

Payment Amount: \$ _____

Membership Options & Details

MTWPAM Full Membership

Definition:

A massage therapist or wholistic practitioner who is:

- certified by a recognized school
- currently practicing in his or her qualified field

To apply for Full Membership, please submit the following documentation:

- completed application form
- photocopy of certificate(s) of massage and/or wholistic training from one or more recognized schools, evidence of passing score on an examination and breakdown of curriculum, including number of hours, where appropriate.
- Documented evidence of clinical experience (non-standard massage therapy)
- Proof of professional liability insurance
- Certified cheque or money order for dues and non-refundable application fee (made payable to MTWPAM)

Please note that membership may be delayed if all documentation is not received.

The fees for *Full Membership* are as follows:

\$75.00 application fee + **\$25.00** non-refundable application fee = **\$100.00** TOTAL PAYABLE

Associate Membership

Associate membership is available to a massage therapist or wholistic practitioner who does not meet the standards for full membership or who is currently not practicing in his or her qualified field.

To apply for Associate Membership please submit the following documentation:

- Completed application form
- Certified cheque or money order for dues and non-refundable application fee (made payable to MTWPAM)

The fees for Associate Membership are as follows:

\$50.00 application fee + **\$10.00** non-refundable application fee = **\$60.00** TOTAL PAYABLE

Membership Options & Details Continued...

Student Membership

Student membership is available to all students of recognised Massage and Wholistic training programs.

To apply for Student Membership please submit the following documentation:

- Completed application form
- Evidence that you are currently enrolled in massage or wholistic training from one or more recognized schools
- Certified cheque or money order for dues and non-refundable application fee (made payable to MTWPAM)

The fees for Student Membership are as follows:

\$50.00 application fee + **\$10.00** non-refundable application fee = **\$60.00** TOTAL PAYABLE

Registration Dates and Fees

Registration Date 2009	New Full Membership (\$25 processing fee)	New Associate/ Student Membership (\$10 processing fee)
Jan. 1- Dec. 31	\$100.00 (\$25 + \$75)	\$60.00 (\$10 + \$50)
Pro-Rated Jun. 1- Oct. 31	\$62.50 (\$25 + \$37.50)	\$35.00 (\$10 + \$25)

Mail All Applications To This Location

Massage Therapists and Wholistic Practitioners' Association of the Maritimes

280 Dodge Road, Wilmot NS B0P 1W0