

2018 NEW MEMBER APPLICATION

Massage Therapy Association of Manitoba

Local - Responsive - Focused



KEY CONTACT INFORMATION:

Mr. Mrs. Ms. Miss Dr. Other Preferred Salutation _____

Legal First Name (for insurance documents and similar): _____

Nickname (as preferred for general correspondence): _____

Last Name: _____

Address: _____

City/Town: _____

Postal Code: _____

Telephone: _____ **Cell Phone:** _____

Email: _____

Please use a personal email that will allow us to stay in touch regardless of job changes.

EDUCATION:

Massage Therapy School Attended:

- Massage Therapy College of Manitoba
- Robertson College (Winnipeg Campus)
- Robertson College (Brandon Campus)
- Wellington College of Remedial Massage Therapy
- Wellington College of Remedial Massage Therapy - Distance Education Program
- Hua Xia Acupuncture, Massage, Herb College
- Other (please specify): _____

Anticipated Graduation Date: _____

GPA Attained: _____

Are you currently or have you ever been a member of another massage therapy Association and/or Regulatory College?

- No
- Yes. If yes, please specify: _____

Please list any other Health Care Training & Credentials (including dates): _____

Please list any other post-secondary education: _____

Practicing location, if applicable (other than your home address): _____

Date you would like your membership to start: _____

WE ARE HERE TO SERVE YOU

If you have any questions regarding your application or require assistance, we are here for you.

Call us anytime!
204-927-7979

Return your completed application by mail to:

175 Marion Street
Winnipeg, Manitoba
R2H 0T3

Or email:
info@mtam.mb.ca

Or call us to set an appointment to drop off your application in person.

We look forward to meeting you!

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DOCUMENT CHECKLIST:

This application must include the following documents to be considered complete:

- Massage Therapy Diploma** (copy) from a recognized school/program, stating hours of completed studies (must be at least 2200 hours, and/or from a program recognized by MTAM, CMTO, CMTBC or CMTNL)
- Final Transcript** of marks from school of graduation (GPA must be at least 70%); photocopy acceptable
- Current CPR-Level C** Certificate (online courses are not acceptable); photocopy acceptable
- Criminal Record Check with Vulnerable Sector Search** – please provide the original signed report from the Winnipeg Police Service or Police Service responsible for your jurisdiction, completed no more than *six months prior to the date of application*
- Practicing Member Agreement** (included in this application document) – signed and witnessed

If you have graduated more than one year prior to this application date, the following documents are also required:

- Summary of clinical hours** since graduation, and list of all locations where you have practiced (if any)
- Letter or certificate of good standing** from the massage therapy professional association or regulatory college of which you are/were a member (if applicable) (new Graduates do not require this)
- Two reference letters** from professional colleagues, employers, or teachers.
- Continuing education history** – Provide a list of any continuing education courses/workshops/activities relevant to massage therapy that you have completed in the past four years. Include copies of certificates, transcripts, or letters confirming completion of each of these.

MEMBERSHIP & LIABILITY INSURANCE FEES:

There are **four fees** associated with an application:

- **Application Fee** of **\$78.75** (\$75.00 + \$3.75 GST) applies to first-time applicants only. This is used toward administration to set up your membership file, check educational information, etc.
- **Membership Fee.** This is the main fee associated with your membership and covers Board governance, office administration, practice advice, communication, events, discounts, and all the benefits that come with membership.
- **Insurance Liability Premium for your** professional liability insurance. There are numerous other professional practice and personal insurance options available at an additional cost.
- **NEW GRADUATES** receive a favourable rate on their professional liability insurance fee.

NOTE: GST is charged only on membership and administrative fees. Insurance premiums are not reimbursable.

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Month	Membership Fee	GST	Insurance Fee (Includes 8% PST)	TOTAL FEES Payable (includes new member application fee)	NEW GRADUATES Insurance Fee (Includes 8% PST)	TOTAL FEES New Grads (includes new member application fee)
January	430.00	21.50	97.20	627.45	86.40	616.65
February	394.17	19.71	97.20	589.83	86.40	579.03
March	358.34	17.92	97.20	552.21	86.40	541.41
April	322.51	16.13	86.40	503.79	75.60	492.99
May	286.68	14.33	86.40	466.61	75.60	455.36
June	250.85	12.54	86.40	428.54	75.60	417.74
July	214.98	10.75	75.60	380.08	64.80	369.28
August	179.19	8.96	75.60	342.50	64.80	331.70
September	143.36	7.17	21.60	250.88	21.60	250.88
October	107.53	5.38	21.60	213.26	21.60	213.26
November	71.70	3.59	21.60	175.64	21.60	175.64
December	35.87	1.79	21.60	138.01	21.60	138.01

PAYMENT SCHEDULE & OPTIONS

TOTAL FEE I will pay the total fee with my application (application fee + insurance premium owing at time of application + membership fee)

THREE INSTALLMENTS I will pay my fees in **three installments** (application fee + insurance premium owing at time of application + two equal payments for balance of the pro-rated membership and communication fund fees PLUS a \$24 payment processing fee for this option)

Application Fee + Insurance =	Membership Fee + \$24 payment processing fee divided by 2 =	
Payment #1:	Payment #2:	Payment #3:
Due with application	Payable the 1st of next month	Payable the 1st of the 2nd month

PLEASE SELECT A PAYMENT METHOD:

Cheque (payable to MTAM) e-Transfer Visa MasterCard **CSV** _____

Card No: _____ / _____ / _____ / _____ Expiry: _____ / _____

Cardholder Name (as it appears on the card):

Address of Cardholder (if different than given above):

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PRACTICING MEMBER AGREEMENT

The undersigned applicant for Practicing Membership hereby agrees to abide and be bound by the Massage Therapy Association of Manitoba Inc.'s (MTAM) By-laws, Code of Ethics, Conflict of Interest Code, Policies, Standards of Practice, together with all amendments thereto from time to time, and all additional by-laws, codes, guidelines, policies, practices, procedures and standards that may be implemented by the MTAM from time to time.

*I hereby make application for a **Practicing Membership** with the Massage Therapy Association of Manitoba Inc. (MTAM) and for Professional Liability and General Liability insurance as provided by the Association for the period from date of this application through **December 31, 2018**.*

I understand that the insurance coverage provided by the insurer is subject to all terms, conditions and exclusions contained in the Master Policy. Failure to pay required premiums, and/or false statements for this application or subsequent renewals shall void this application and render my insurance coverage null and void.

I understand that if I am in violation of the MTAM By-laws, MTAM Code of Ethics, or any MTAM Policies and Procedures established by the Board of Directors, including my compliance with the MTAM Education & Continuing Competency Program that my membership privileges may be terminated. I further understand that if my membership is terminated for any reason, that the MTAM has the right to contact my applicable workplaces and/or associated clinics to inform them of the termination.

*I confirm I have the legal right to work in Manitoba (e.g., Canadian citizenship, landed immigrant status, work permit/visa) and **have disclosed to the MTAM the details of any prior or new criminal conviction in Canada or elsewhere, and any new or outstanding criminal charges.***

I consent to the collection, use, and referral/disclosure of business contact information in accordance with the MTAM Privacy Policy. I also understand that by signing this form, I am consenting to receive communications and information from the MTAM by email, mail, fax, and/or telephone at the contact information in my profile and respond to correspondence related to my professional obligations as a member promptly.

Furthermore, I agree to conduct my practice within the scope of practice of massage therapy in a competent, professional and ethical manner, and in accordance with all of the foregoing.

Dated this _____ day of _____, 2018 in the city/town of _____, Manitoba.

Applicant:

Witness:

(Signature)

(Signature)

(Name – please print)

(Name – please print)

INTERNAL USE ONLY

Date Received	Date Approved:	Signed:
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