



# ASSOCIATE MEMBERSHIP

Associate Members are individuals, clinics, businesses and other organizations who would like to be a part of our community of Registered Massage Therapists. They support our mission to promote and enhance the art, science and philosophy of massage therapy in a professional and ethical manner to ensure the highest level of competency based practice for massage therapy within the province of Manitoba.

Membership is just \$50 annually and provides the following benefits.



## INFORMATION

Stay up to date with what is happening in the MTAM community. As a member you will receive MTAM E-News and communications and have access to the research and publications library.



## INVOLVEMENT

Be involved with the MTAM community. As a member, you will be invited to participate in research initiatives, MTAM webinars and education programs designed to help you create strong working relationships with RMTs.



## CONNECTION

Stay connected with the MTAM community. As a member, you will receive invitations to events, including to our annual spring conference. This event brings our members together to connect, collaborate and grow. Also enjoy access to free classified listings.

## GET IN TOUCH



Massage Therapy Association of Manitoba, 304-428 Portage Avenue, Winnipeg, MB R3C 0E2  
Phone (204) 927-7979 | Toll Free (866) 605-1433 | Fax (204) 927-7978 | [info@mtam.mb.ca](mailto:info@mtam.mb.ca) | [mtam.mb.ca](http://mtam.mb.ca)

# REGISTRATION FOR CLINICS AND FRIENDS OF THE MTAM ASSOCIATE MEMBERSHIP



Fill out the below form and return with your annual membership fee of \$50 +GST to the Massage Therapy Association of Manitoba. You can return by mail, email or fax (details at the bottom of this page).

Main Contact: \_\_\_\_\_

Clinic Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email 1: \_\_\_\_\_ Phone: \_\_\_\_\_

Email 2 (if anyone else in your organization would like to receive communications): \_\_\_\_\_

How many years has your business/organization been operating? \_\_\_\_\_

How many RMTs are currently working in your business/organization? \_\_\_\_\_

## METHOD OF PAYMENT

Cheque payable to MTAM  VISA  Mastercard

Cardholder Name: \_\_\_\_\_

Card Number: \_\_\_\_\_ Card Expiry: \_\_\_\_\_ CSV: \_\_\_\_\_

Billing Address (if different from above): \_\_\_\_\_

The undersigned applicant for Associate Membership hereby agrees to abide and be bound by the Massage Therapy Association of Manitoba Inc.'s (MTAM) By-laws and MTAM Policies and Procedures which apply to this level of membership. Copies are available on request.

*I hereby make application for an Associate Membership with the Massage Therapy Association of Manitoba Inc. (MTAM) for the period from date of this application through December 31, 2017. I understand that if I am in violation of the MTAM By-laws, or any MTAM Policies and Procedures established by the Board of Directors that my membership privileges may be terminated. 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.*

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

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Office Use Only | Date of Membership: \_\_\_\_\_ Authorized by: \_\_\_\_\_