

# 2017 STUDENT MEMBERSHIP APPLICATION

Membership is **free** for Students currently enrolled in a provincially-registered Massage Therapy School with a minimum two year (2200 hour) diploma program and who are active in upholding the highest standards of education.



## GENERAL INFORMATION

Mr.  Mrs.  Ms.  Miss  Dr.

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

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

City/Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## EDUCATION

**Note:** The MTAM will verify **proof of current enrollment** with your School.

Massage Therapy School: \_\_\_\_\_

Current year of study: \_\_\_\_\_ Expected date of graduation: \_\_\_\_\_

Final/senior practicum location (if known): \_\_\_\_\_

Other health care training and credentials: \_\_\_\_\_

Other post-secondary education: \_\_\_\_\_

## PRACTICE PLANS

In what city/town/province do you plan to practice massage therapy when you graduate?

In what setting would you like to practice when you graduate? (check any that apply)

- |                                                    |                                                   |                                              |
|----------------------------------------------------|---------------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Massage Therapy Clinic    | <input type="checkbox"/> Hospital / Care Home     | <input type="checkbox"/> Spa / Salon         |
| <input type="checkbox"/> Home-based practice       | <input type="checkbox"/> Physiotherapy Clinic     | <input type="checkbox"/> Mobile practice     |
| <input type="checkbox"/> Fitness Centre / Gym      | <input type="checkbox"/> Wellness/Holistic Centre | <input type="checkbox"/> Chiropractic Clinic |
| <input type="checkbox"/> Multi-disciplinary Clinic | <input type="checkbox"/> Other: _____             |                                              |

## NOTES

- Student membership does not include liability insurance.
- Student members of the MTAM may not practice massage therapy, may not receive payment for massage therapy treatments, and may not identify themselves as a Massage Therapist or Registered Massage Therapist (or RMT).
- Student membership expires one month following the expected date of graduation, or if the member is no longer attending a recognized massage therapy school.

## NEXT STEPS

**Return your completed form...**

*In-Person / Mail*  
304 – 428 Portage Ave,  
Winnipeg, MB R3C 0E2  
Fax (204) 927-7978  
[info@mtam.mb.ca](mailto:info@mtam.mb.ca)

**We will be in touch following that.**

**We look forward to having you as a member!**

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## FULL MEMBERSHIP DOCUMENT CHECKLIST: **Start Planning!**

- 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 75%); 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 the application) – 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)
- 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 the main fee associated with your membership and covers administration, Board management, events, discounts, and benefits that come with your membership.
- **Communication Fee**. This is the fee that goes to a shared fund used toward all Communication and Marketing of the Association to the general public and internally to members (e.g. the member's only website). This includes, but is not limited to the website, multi-media advertising, print campaigns and e-brochures, and all general marketing for Massage Therapy Week.

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- **Insurance Liability Premium for your** professional liability insurance. **Special pricing for new graduates.** There are numerous other professional practice and personal insurance options available at an additional cost. Ask us for a list of possibilities.