

# New Member Application

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**We are here to serve you!** If you have any questions regarding your application, or require assistance, we are here for you. Call us at (204) 927-7979. You can return your completed application by any of the following three ways:

**Mail to:** 175 Marion Street, Winnipeg, Manitoba R2H 0T3

**Email to:** info@mtam.mb.ca

**In person:** Call us to set up an appointment to drop off your application in person

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## Contact Information

Application Year: \_\_\_\_\_ Legal First Name *(for insurance documents and similar)*: \_\_\_\_\_

Nickname *(as preferred for general correspondence)*: \_\_\_\_\_

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

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

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

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

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

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

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## Education

Massage Therapy School Attended:

- ☐ Evolve College
- ☐ Robertson College (Brandon Campus)
- ☐ Robertson College (Winnipeg 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 and Credentials (including dates):

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Please list any other post-secondary education:

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

Date you would like to receive your membership certificate and information:

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## Document Checklist

☐ **Massage Therapy Diploma** from a recognized school/program, stating hours of completed studies (must be at least 2200 hours, and/or from a program recognized by MTAM, CMTMO, CMTBC, CMTNL, CMTNB or CMTPEI); photocopy acceptable.

☐ **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. Contact MTAM if you have applied for your criminal record check with vulnerable sector search but have not yet received it.

☐ **Practicing Member Agreement** (included in this application document) – signed.

*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.

## Membership & Liability Insurances Fees

There are three 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. ***This fee is waived for new graduates.***
- **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.***

## 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 PLUS a \$25.20 (includes \$1.20 GST) administration fee for this option)

***For new members, \$75 application fee should be paid at time of application.***

<b>Payment #1:</b> Insurance + \$42 Membership Fees + 1/3 Admin Fee (\$8.40)	<b>Payment #2:</b> ½ of remaining Membership Fees + 1/3 Admin Fee (\$8.40)	<b>Payment #3:</b> Balance of Membership Fees + 1/3 Admin Fee (\$8.40)
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***Example: Start Date as June 1 – Total Fees Owing=\$368.48***

<b>Payment #1: June 1</b> \$74.90 (Insurance) + \$42.00 (Membership Fee) + \$8.40 (Admin Fee) <b>= \$125.30</b>	<b>Payment #2: June 30</b> \$110.69 (1/2 of remaining Membership Fee) + \$8.40 (Admin Fee) <b>= \$119.09</b>	<b>Payment #3: July 31</b> \$110.69 (1/2 of remaining Membership Fee) + \$8.40 (Admin Fee) <b>= \$119.09</b>
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Please contact MTAM if you would like assistance with calculating the payment installments.

## Pro-Rated Monthly Fee Schedule

### New Members

Month	Membership Fee	Insurance Fee <i>(includes PST)</i>	Total	Total with Application Fee
January	\$451.50 <i>(includes \$21.50 GST)</i>	\$96.30	\$547.80	\$626.55
February	\$413.88 <i>(includes \$19.71 GST)</i>	\$96.30	\$510.18	\$588.93
March	\$376.25 <i>(includes \$17.92 GST)</i>	\$96.30	\$472.55	\$551.30
April	\$338.63 <i>(includes \$16.13 GST)</i>	\$85.60	\$424.23	\$502.98
May	\$301.00 <i>(includes \$14.33 GST)</i>	\$85.60	\$386.60	\$465.35
June	\$263.37 <i>(includes \$12.54 GST)</i>	\$85.60	\$348.98	\$427.73
July	\$225.75 <i>(includes \$10.75 GST)</i>	\$74.90	\$300.65	\$379.40
August	\$188.13 <i>(includes \$8.96 GST)</i>	\$74.90	\$263.03	\$341.78
September	\$150.50 <i>(includes \$7.17 GST)</i>	\$21.40	\$171.90	\$250.65
October	\$112.88 <i>(includes \$5.38 GST)</i>	\$21.40	\$134.28	\$213.03
November	\$75.25 <i>(includes \$3.58 GST)</i>	\$21.40	\$96.65	\$175.40
December	\$37.62 <i>(includes \$1.79 GST)</i>	\$21.40	\$59.03	\$137.78

### New Graduates

Month	Membership Fee	Insurance Fee <i>(includes PST)</i>	Total
January	\$451.50 <i>(includes \$21.50 GST)</i>	\$85.60	\$537.10
February	\$413.88 <i>(includes \$19.71 GST)</i>	\$85.60	\$499.48
March	\$376.25 <i>(includes \$17.92 GST)</i>	\$85.60	\$461.85
April	\$338.63 <i>(includes \$16.13 GST)</i>	\$74.90	\$413.53
May	\$301.00 <i>(includes \$14.33 GST)</i>	\$74.90	\$375.90
June	\$263.37 <i>(includes \$12.54 GST)</i>	\$74.90	\$338.28
July	\$225.75 <i>(includes \$10.75 GST)</i>	\$64.20	\$289.95
August	\$188.13 <i>(includes \$8.96 GST)</i>	\$64.20	\$252.33
September	\$150.50 <i>(includes \$7.17 GST)</i>	\$21.40	\$171.90
October	\$112.88 <i>(includes \$5.38 GST)</i>	\$21.40	\$134.28
November	\$75.25 <i>(includes \$3.58 GST)</i>	\$21.40	\$96.65
December	\$37.62 <i>(includes \$1.79 GST)</i>	\$21.40	\$59.03

## Payment Method

☐ Cheque (payable to MTAM)   ☐ e-transfer (send to: [accounting@mtam.mb.ca](mailto:accounting@mtam.mb.ca))   ☐ Visa   ☐ MasterCard

Card Number: \_\_\_\_\_

Expiry: \_\_\_\_ / \_\_\_\_   CSV: \_\_\_\_\_

Cardholder Name (as it appears on the card): \_\_\_\_\_

Address of Cardholder (if different from 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) Bylaws, Code of Ethics, Conflict of Interest Code, Policies, Standards of Practice, together with all amendments thereto from time to time, and all additional bylaws, codes, guidelines, policies, practices, procedures and standards that may be implemented by MTAM from time to time.

**I HEREBY MAKE APPLICATION FOR THE 20\_\_ 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 **January 1, 20\_\_ through December 31, 20\_\_**. 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 shall void this application and render my insurance coverage null and void.

I understand that if I am in violation of the MTAM Bylaws, 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 and the maintenance of a valid CPR-C from a recognized course provider 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 confirm I have the legal right to work in Manitoba (e.g., Canadian citizenship, landed immigrant status, work permit/visa) and have disclosed to MTAM the details of any prior or new criminal conviction in Canada or elsewhere, and any new or outstanding criminal charges.

I also understand that by signing this form, I am consenting to receive communications and information from MTAM by email, mail, and/or telephone to the contact information in my profile.

I understand that it is my responsibility to keep all information in my online membership profile current and up to date at all times.

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.

Name (please print): \_\_\_\_\_

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

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