

New Member Application

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

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.

Education

Massage Therapy School Attended (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):

Please list any other post-secondary education:

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

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

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, CMTA, 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.

Fee Schedule (GST will be added to all prices)

Membership Fee

- ☐ Practicing Membership \$430.00 (January-December)
 - The fee is pro-rated monthly if joining after January 1st.

Professional & General Liability Insurance (Occurrence-based)

You must select one of the following:

- ☐ \$3 million - \$90.00/year +PST (\$80 for new graduates)
- ☐ \$5 million - \$120.00/year +PST (\$110 for new graduates)
- ☐ If you have coverage through another provider, you may waive the MTAM insurance with proof of current coverage suitable for the massage therapy profession.

Additional Fees (as Applicable)

- ☐ Acupuncture Insurance (Proof of recognized training is required)
 - \$150/year +PST
- ☐ Application Fee
 - \$75.00 (This fee is waived for new graduates joining within 6 months of graduation)
- ☐ Administrative Fee
 - \$30.00 (Added to the total fee if the 3-payment option is selected)

Note: Additional insurance coverage for Certified Lymphatic Therapy, Shockwave, Ultrasound, Business/Commercial and other practice needs are available directly through BFL Canada/Trisura

Payment Options

MTAM will send you an invoice based on your application selections. Payment may be made in full, or you may opt for a 3-instalment option.

If you select the 3-instalment option, your first payment is due on application and will include the full insurance fee plus 1/3 of your membership fee. The balance will be divided between the second and third instalment. The second and third instalment are due at 30 and 60 days respectively from your membership start date.

Select one: ☐ Full Payment ☐ 3 Instalments

Payments may be made by Visa, Visa Debit, Mastercard, Mastercard Debit, or e-transfer. Select one:

☐ Visa ☐ MasterCard ☐ e-transfer (send to: accounting@mtam.mb.ca)

Card Number: _____

Expiry: ____ / ____ CSV: _____

Cardholder Name (as it appears on the card): _____

Address of Cardholder (if different from above): _____

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 ____, ____ **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: _____