

MTAM Student Member 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.

Return your completed application by any of the following three ways:

Mail: 175 Marion Street, Winnipeg, Manitoba R2H 0T3
Email: info@mtam.mb.ca
In person: Call us to set up an appointment to drop off your application in person

We will be in touch once we receive your completed application. ***We look forward to having you as a member!***

DECLARATION

I understand that:

- Student membership ***does not include liability insurance.***
- Student members of MTAM ***may not practice massage therapy outside of a supervised school practicum and may not identify themselves as a Massage Therapist or Registered Massage Therapist (RMT).*** Please refer to the [*Canadian Massage Therapist Alliance Position Statement*](#) for details.
- Student membership expires one month following the expected date of graduation, or if the member is no longer attending a recognized massage therapy school.

Signature: _____

CONTACT INFORMATION

First Name: _____ Last Name: _____

Address: _____

City/Town: _____ Postal Code: _____

Phone: _____ Cell: _____

Email: _____

MTAM Student Member Application



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 & 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"/> Mobile Practice |
| <input type="checkbox"/> Home-Based Practice | <input type="checkbox"/> Physiotherapy Clinic | <input type="checkbox"/> Chiropractic Clinic |
| <input type="checkbox"/> Fitness Centre/Gym | <input type="checkbox"/> Wellness/Holistic Centre | |
| <input type="checkbox"/> Multi-Disciplinary Clinic | <input type="checkbox"/> Spa/Salon | |
| <input type="checkbox"/> Other (please specify): _____ | | |