

2018 MEMBERSHIP REINSTATEMENT APPLICATION

Massage Therapy Association of Manitoba



Please Note: *If you have not been practicing massage therapy in Manitoba or another jurisdiction for five years or more, you may not be eligible to re-join the MTAM. Please contact us to discuss your case.*

KEY CONTACT INFORMATION:

Mr. Mrs. Ms. Miss Dr. Other Preferred Salutation _____

Legal First Name (for insurance documents and similar): _____

Nickname (as preferred for general correspondence): _____

Last Name: _____

Address: _____

City/Town: _____

Postal Code: _____

Telephone: _____ Cell Phone: _____

Email: _____

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

REINSTATEMENT AGREEMENT:

I hereby make application for reinstatement of membership in the Massage Therapy Association of Manitoba, Inc. (i.e., MTAM). I am enclosing a non-refundable reinstatement application fee of \$100.00 plus GST (\$105.00) for this purpose.

Reinstatement of membership is at the sole discretion of the Board of Directors, and may be approved with or without conditions, or declined entirely.

If accepted for reinstatement, I will be required to pay any dues owed from previous membership with the MTAM, the current membership fees based on regular pro-rated membership scale.

Signature

Date

WE ARE HERE TO SERVE YOU

If you have any questions regarding your application or require assistance, we are here for you.

Call us anytime!
204-927-7979

Return your completed application by mail to:

175 Marion Street
Winnipeg, Manitoba
R2H 0T3

Or email:
info@mtam.mb.ca

Or call us to set an appointment to drop off your application in person.

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PLEASE SELECT A PAYMENT METHOD:

Cheque (payable to MTAM) e-Transfer Visa MasterCard

Card No: _ _ _ _ _ / _ _ _ _ _ / _ _ _ _ _ / _ _ _ _ _

Expiry: ___/___ CSV: _____

Cardholder Name (as it appears on the card):

Address of Cardholder (if different than given above):

DOCUMENT CHECKLIST

*This application **must include** the following documents to be considered complete:*

- Continuing Education History.** Provide a list of any continuing education courses/workshops relevant to massage therapy that you have completed in the past four (4) years. Copies of certificates, transcripts, or letters confirming completion of each of these must be included with the list. Reinstated members will be required to complete the necessary education in lieu of the previous four years away from the MTAM. [This requirement is waived if the reinstatement is within 6 month of this application.](#)
- Current CPR-Level C** or CPR-HCP Certificate (online courses are not acceptable); photocopy acceptable. [This requirement is waived if the reinstatement is within 6 month of this application and this document is up-to-date on our file.](#)
- 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*. [This requirement is waived if the reinstatement is within 6 months of this application.](#)
- Practicing Member Agreement** (included in this application document) – signed and witnessed
- A letter that explains why you want to reinstate** your MTAM membership. Also include information about where you plan to practice, if known.
- Summary of clinical hours** where you have practiced as a massage therapist since your MTAM membership was cancelled – in Manitoba or any other jurisdiction (if applicable). [This requirement is waived if the reinstatement is within 6 months of this application.](#)
- Letter or certificate of good standing** from the massage therapy professional association or regulatory college of which you are/were a member (if applicable). [This requirement is waived if the reinstatement is within 6 months of this application.](#)
- Documentation of any official change of name** since terminating your MTAM membership, if applicable.

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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) By-laws, Code of Ethics, Conflict of Interest Code, Policies, Standards of Practice, together with all amendments thereto from time to time, and all additional by-laws, codes, guidelines, policies, practices, procedures and standards that may be implemented by the MTAM from time to time.

*I hereby make application for a **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 from date of this application through **December 31, 2018**.*

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 or subsequent renewals shall void this application and render my insurance coverage null and void.

I understand that if I am in violation of the MTAM By-laws, 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 that my membership privileges may be terminated. I further understand that if my membership is terminated for any reason, that the MTAM has the right to contact my applicable workplaces and / or associated clinics to inform them of the termination.

*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 the MTAM the details of any prior or new criminal conviction in Canada or elsewhere, and any new or outstanding criminal charges.***

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 to the contact information in my profile and respond to correspondence related to my professional obligations as a member promptly.

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.

Dated this _____ day of _____, 2018 in the city/town of _____, Manitoba.

Applicant:

Witness:

(Signature)

(Signature)

(Name – please print)

(Name – please print)

INTERNAL USE ONLY

Date Received	Date Approved:	Signed:
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