



Association of Manitoba Inc.
Established 1973

611 – 428 Portage Avenue
Winnipeg, MB R3C 0E2
Phone: (204) 927-7979
Fax (204) 927-7978
Web site: www.mtam.mb.ca
Email: info@mtam.mb.ca

2008 - PRACTICING MEMBER - MEMBERSHIP APPLICATION

Name: _____

Address: _____ **City/Town:** _____

Postal Code: _____ **Telephone:** _____

Email: _____ **Cell:** _____

EDUCATION:

Massage School Attended: _____

Date of Graduation: _____ **GPA Attained:** _____

Other Health Care Training: (include when, level, etc.) _____

Other Education: _____

Clinic Information:

Name of Clinic: _____

Address: _____

Postal Code: _____

Telephone: _____ **Fax #** _____

Email: _____

Please include me in the MTAM Referral Service – Office & MTAM Website.

Signature _____

With this application, please include:

- Diploma (stating hours of completed studies –must be 2200 hours)
- Transcript of marks from College/School of Graduation (Photocopy acceptable) – **GPA must be at least 75%**
- Current CPR Certificate (Copy)
- Signed “Undertaking of Agreement” (Included with Application)

If the applicant has graduated more than one year prior to application date the following documentation is required:

- Summary of Clinical Hours since graduation – attach to application
- Reference Letters (Professional Colleagues – Minimum of 2)
- Summary of Continuing Education since graduation (Maximum of 4 years of records required, include copies of Certificates)

Plus, all applicants must submit the following:

- Administrative Fee of **\$78.75** (\$75.00 + \$3.75 GST)
- Payment of current fees owing for the month of application (**See Pro-rated Fee Summary**) by either a cheque made payable to MTAM, or by credit card.

(please check below and provide required information.)

Cheque (s) Visa MasterCard (complete credit card information form)

I would like to pay my fees in “split payments” (Administrative fee plus insurance premium owing at time of application plus two equal payments for pro-rated membership fees.)

Total Fees Owning:

| <i>Application Fee</i> | <i>Membership Fees Month of Application</i> | <i>GST</i> | <i>Insurance Month of Application</i> | <i>Total</i> |
|------------------------|---|------------|---------------------------------------|--------------|
| 75.00 | | 3.75 + | | |

Split Payment:

| | | |
|--|--|---|
| <p><i>Payment #1 =</i> <i>(Application fee plus Insurance Owing)</i> <i>Due upon application</i></p> | <p><i>Payment #2=</i> <i>(Membership Fees divided by two)</i> <i>Payable on the 1st of the next month</i></p> | <p><i>Payment #3 =</i> <i>(Membership Fees divided by two)</i> <i>Payable on the 1st of 2nd Month</i></p> |
|--|--|---|



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UNDERTAKING OF AGREEMENT - 2008

The undersigned applicant 'Practicing Member' hereby agrees to abide and be bound by the Massage Therapy Association of Manitoba Inc.'s 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 MTAM from time to time.

Furthermore, the undersigned member agrees to conduct their practice in accordance all of the foregoing.

Dated this ____ day of _____, 2008

in the city/town of _____

in the Province of _____.

Signed:

(Signature)

(Name – please print)

(Address)

Witness:

(Signature)

(Name – please print)

(Address)

| | |
|-----------------------------|----------------|
| Administrative Area: | |
| Date Received | Date Approved: |
| | |
| Signed: | |