ASSOCIATION DES THÉRAPEUTES EN MASSAGE ET MASSOPONCTURE DU CANADA
CANADIAN MASSAGE AND ACUPRESSURE THERAPISTS ASSOCIATION

MEMBERSHIP APPLICAION FORM

I. Personal Details (Please complete entire application, printing clearly)

Legal name of applicant:

_____ _____
Given Name Family Name

Date of Birth_____/_____/_____ ___Male ___Female
Month Day Year

Mailing Address

_____
No Street Apt City Province Postal Code

Business Address

_____
No Street Apt City Province Postal Code

_____
Permanent Phone Mobile Phone

Email address: _____

II. Membership Category

Please indicate the Membership that you are applying for:

___ Professional Member ___ Student Member

___ Upgrade to Professional Member

For Office Use Only
Membership No._____
Accepted / Not accepted
Notified_____/_____/_____

III. Education and Training

Minimum requirement: 1,000 hours of massage therapy education or equivalent international education recognized by the Association

Please indicate the education and training program you have taken:

Institution	Program	Total Hours Completed	Graduation Date	Reserved for Office use

IV. Required Documents

___ Application form

___Two (2) passport-sized photos

___ Photocopy of government-issued photo ID (drive license, health insurance card, PR card, and/or citizenship document is acceptable)

___ Photocopy of diploma, certificate and transcripts (documents issued in a language other than English or French must be accompanied by a certified translation)

___ Application fee payment in money order or endorsed cheque (Pay to: CATA)

V. Declaration

I hereby apply for membership of Canadian Massage and Acupressure Therapists Association that to be the best of my knowledge and belief. I certify that the information provided is true and complete. If accepted to membership, I undertake to abide by Association's Code of Ethics, regulations and policies as may from time to time be in force. I authorize Association to verify my credentials and professional standing. I understand that Association may, in its absolute discretion, reject my application for membership without providing reasons.

Signature_____Date _____