



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

MEMBERSHIP APPLICATION 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: _____

a) **Have you ever been a member of CATA?** ___Yes ___No
If yes, Member Number _____

b) **Please indicate the Membership that you are applying for:**
___Professional Member ___Associate Member
___Student Member ___Upgrade to Professional Member

c) **SIN card number** _____

For Office Use Only

Membership No. _____

Accepted / Not accepted

Notified _____ / _____ / _____

II. Massage Education Details

Please indicate the Acupressure Massage Techniques you have learnt:

Chinese Tuina Japanese Shiatsu
 Thai Nuad Bo-Ram others, specify _____

Please indicate the massage courses you have taken:

Course Title	Name of School	Hours or Credits	Graduation Year	Reserved for Office use
Total				

III. Checklist

- Fill in the application form
- 2 passport photos
- Photocopy of 1 Identity card (health insurance card, drive license, immigration card or citizen card is acceptable)
- Photocopy of Social Insurance Number card
- Photocopy of certificate and/or diploma (with notarized English or French translation for overseas certificate and/or diploma)
- Payment in money order or endorsed cheque (Pay to: CATA)

IV. Declaration

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

Signature _____ Date _____