

# MASSAGE THERAPIST ASSOCIATION OF SASKATCHEWAN, INC.

Member of the Canadian Massage Therapist Alliance (CMTA)

## ANNUAL MEMBERSHIP - REGISTRATION FORM For the period November 1<sup>st</sup>, 2018 to October 31<sup>st</sup>, 2019

MTAS MEMBERSHIP #: \_\_\_\_\_ (This section must be completed in full)

THERAPIST NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY/TOWN: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

HOME PHONE: ( ) \_\_\_\_\_ CELL PHONE: ( ) \_\_\_\_\_

E-MAIL FOR MTAS OFFICE CORRESPONDENCE: \_\_\_\_\_

### **CLINIC INFORMATION FOR PUBLIC FIND A THERAPIST SEARCH TOOL ON MTAS WEBSITE:**

(If nothing has changed since the last renewal, you may write "same as last year" across the clinic spaces.)

MAIN CLINIC NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY/TOWN: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

BUS. PHONE: ( ) \_\_\_\_\_ FAX #: ( ) \_\_\_\_\_

WEBSITE: \_\_\_\_\_

WORK E-MAIL ADDRESS: \_\_\_\_\_

**SECOND** CLINIC NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY/TOWN: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

BUS. PHONE: ( ) \_\_\_\_\_ FAX #: ( ) \_\_\_\_\_

WORK E-MAIL ADDRESS: \_\_\_\_\_

**THIRD** CLINIC NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY/TOWN: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

BUS. PHONE: ( ) \_\_\_\_\_ FAX #: ( ) \_\_\_\_\_

WORK E-MAIL ADDRESS: \_\_\_\_\_

**\*\* PLEASE INDICATE CLEARLY IF ANY OF THE ABOVE INFORMATION IS NEW  
SO THAT YOUR FILE CAN BE UPDATED \*\***

PLEASE TURN OVER TO CONTINUE

**MEMBERSHIP CLASSIFICATION – PLEASE CHECK ONE BOX (GST not applicable):**

- |  |                 |   |                 |
|--|-----------------|---|-----------------|
| <input type="checkbox"/> Practicing member   | <b>\$430.00</b> | <input type="checkbox"/> Honourary member   | <b>\$ 0.00</b>  |
| <input type="checkbox"/> Non-resident practicing member                              | <b>\$430.00</b> | <input type="checkbox"/> Auxiliary member   | <b>\$107.50</b> |
| <input type="checkbox"/> Non-practicing member                                       | <b>\$215.00</b> | <input type="checkbox"/> Final year student | <b>\$43.00</b>  |
| <input type="checkbox"/> <b>I do not wish to renew my membership - reason:</b> _____ |                 |   |                 |

**INSURANCE PROVIDER** – please indicate the name of your insurance provider here: \_\_\_\_\_.  
**If *not* insured with Dusyk & Barlow Insurance Brokers, please attach a copy of your 2018-2019 malpractice and liability insurance certificate or policy (not a receipt).** \*\* Members insured with Dusyk & Barlow are not required to send in proof of insurance \*\*

**CPR LEVEL C/STANDARD FIRST AID CERTIFICATE** (only required if you have recertified but not yet sent in the new certificate.)

**WEBSITE POSTING**

Please indicate below if you would **NOT** like to have your clinic information posted on the MTAS publicly accessible "Find a Therapist" feature on our website. This is free publicity for your practice, but is optional. If this box is left blank, we will automatically post your clinic/business contact information.

**I WOULD NOT** like my clinic information posted.

**METHOD OF COMMUNICATION**

Our default method of communication is via e-mail. If we have a current e-mail address on file for you, your membership renewal is considered your implied consent to receive electronic communication.

Please check this box if you **DO NOT** want to receive any electronic communication from MTAS. (This means that you will not receive workshop notices, job ads, volunteer opportunities or other Association news, and we reserve the right not to send out these notices via regular mail.)

**METHOD OF PAYMENT**

**DEBIT/CASH/CHEQUE/M.O./VISA/MASTERCARD** (circle one)      **Chq #(s):** \_\_\_\_\_

[   ] I am paying the full membership fee now: \$ \_\_\_\_\_

[   ] I prefer to pay in 2 installments – first payment \$200.00 {dated no later than **Oct 31/18**}, second payment \$256.25 {dated no later than **Jan 31/19**} (***This option is available to practicing members only.***      **Total amount \$456.25.**  
**Both payments must accompany your application for renewal.**

[   ] I am including \$ \_\_\_\_\_ late fee (if applicable - \$78.75 per month or part).      **TOTAL PAYMENT INCLUDED: \$ \_\_\_\_\_**

To protect confidentiality, credit card information is destroyed after processing.

My signature below authorizes MTAS to charge my credit card with the amount(s) shown above.

**VISA/MC number:** \_\_\_\_\_      **Expiry date:** \_\_\_\_\_

**Card holder signature:** \_\_\_\_\_      **CVC # on back of credit card:** \_\_\_\_\_

***TO COMPLY WITH ASSOCIATION BYLAWS, YOUR RENEWAL CANNOT BE PROCESSED UNTIL A COMPLETED REGISTRATION FORM IS ON FILE.***

*PLEASE TURN OVER TO CONTINUE*

**ALL MEMBERS MUST READ, COMPLETE AND SIGN THESE TWO SECTIONS. FAILURE TO DO SO WILL RESULT IN YOUR REGISTRATION BEING RETURNED UNPROCESSED AND THE APPLICATION OF AN ADMINISTRATION FEE OF \$25.00 + GST.**

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**MEMBERSHIP DECLARATION.**

1. During the past membership year (Nov 1/17 to Oct 31/18), have you been charged with or convicted of a criminal offence? Yes      No
2. With respect to your practice, has there ever been a finding of professional misconduct, incompetency, or incapacity, or any like finding, in Saskatchewan or in any other jurisdiction, against you in relation to the profession of massage therapy or another health profession? Yes      No
3. Is there a current proceeding against you involving an allegation of professional misconduct, incompetence or incapacity, or any like finding, in Saskatchewan or in any other jurisdiction, in relation to the profession of massage therapy or another health profession? Yes      No

**If you answered yes to any of the above, please provide written details along with your application for membership renewal.**

**GENERAL DECLARATION**

I acknowledge that according to the MTAS Bylaws it is professional misconduct for members to practice massage therapy whilst holding a non-practicing, educator/instructor or student membership or when suspended. I understand that this may be considered insurance fraud and that the Association will investigate complaints and may take further action.

I declare I have read and understood, and agree to abide by the Bylaws, Standards of Practice, Code of Ethics and any other governing documents of the Association (available at [www.saskmassagetherapy.com](http://www.saskmassagetherapy.com) – "About MTAS".) I realize that I may lose my membership and membership privileges if complaints about me are found to be in violation of these documents. I further understand that membership dues are non-refundable if I choose to cancel my membership at any time or for any reason, after application and/or renewal.

I understand that I must notify the MTAS office in writing within thirty (30) days of any changes to the personal and/or clinic information on page 1 of this form.

I hereby certify that the statements I have made in all parts of this membership form are true and complete. (Signing a document that you know provides false or misleading information is professional misconduct and may result in disciplinary action.)

Signed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ at \_\_\_\_\_  
Month Year City

Signature of member: \_\_\_\_\_

Printed name: \_\_\_\_\_

Witness signature: \_\_\_\_\_

Printed name: \_\_\_\_\_

**This form must be signed and dated in order to be accepted.**

**Incomplete renewal applications (including if your credit card is declined or your cheque is returned NSF) will be returned with a deficiency notification and an administration fee of \$25.00 + GST applied.**

**Deficiencies must be addressed and a complete application submitted by the renewal deadline or the late fee will also apply.**

*PLEASE TURN OVER TO CONTINUE*

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## PAYMENT OPTIONS:

***You do not have to wait until the end of October to renew your membership.  
You may send in your renewal at any time.***

1. Cheque or money order for the full membership fee. Please make payable to Massage Therapist Association of Saskatchewan, Inc. or just MTAS. **\*\* If sending a post-dated cheque, please attach a note. \*\***
2. Two-payment plan **for practicing members only - \$456.25:**  
An administration fee of \$25.00 + GST is applied to the second payment. **Both cheques must be sent at the same time, with your renewal form. (If paying by credit card, your signature authorizes MTAS to process both payments on the dates specified.)**
  - First payment **dated no later than October 31<sup>st</sup>, 2018 for \$200.00.**
  - Second payment post-dated **no later than January 31<sup>st</sup>, 2019 for \$256.25** (\$230.00 membership + \$25.00 administration fee + \$1.25 GST).
3. Visa or MasterCard – include all the necessary information on Page Two of this renewal form, or phone in your credit card number, expiry date and security number **AFTER** you have sent in your completed form. **WE WILL NOT ACCEPT TELEPHONE PAYMENTS WITHOUT A COMPLETED MEMBERSHIP FORM ON FILE.** This is to protect the security of your credit card information and to comply with the MTAS Bylaws.
4. Debit and cash payments are accepted at the MTAS office during office hours:  
Monday to Thursday, 8:00 am – 4:00 pm (closed 12 noon – 1:00 pm).
5. MTAS Bylaws allow for a grace period of one month. This means that payment and registration must be received **NO LATER** than **December 1<sup>st</sup>, 2018.** ***The penalty for late payment is \$75.00 + GST (\$78.75) per month or any part thereof. No exceptions.***

### **HAVE YOU.....**

- ✓ Completed every item on the form and signed the declarations?
- ✓ Included payment information?
- ✓ Included a copy of your 2018-2019 liability insurance policy, if it is NOT held with Dusyk & Barlow?
- ✓ Attached proof of valid CPR/Standard First Aid certification if necessary?
- ✓ Included verification of any continuing education credits not previously recorded in your file?

*NOTE: if you choose not to renew your membership, please let us know by checking the appropriate box on the reverse of this form, or sending us a note.  
This will eliminate the need for us to send you unnecessary reminder notices.*

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## **PLEASE RETURN THIS RENEWAL FORM & PAYMENT TO:**

Massage Therapist Association of Saskatchewan, Inc.  
#22– 1738 Quebec Avenue  
Saskatoon, Sask. S7K 1V9

Fax: 306-384-7175

e-mail: [mtas@saskmassagetherapy.com](mailto:mtas@saskmassagetherapy.com)

Tel: 306-384-7077