

MESSAGE THERAPIST ASSOCIATION OF SASKATCHEWAN, INC.

Member of the Canadian Massage Therapist Association (CMTA)

ANNUAL MEMBERSHIP – NEW REGISTRATION For the period November 1st, 2025 to October 31st, 2026

FULL LEGAL NAME: _____

MAILING ADDRESS: _____

CITY/TOWN: _____ POSTAL CODE: _____

DAYTIME PHONE: () _____

E-MAIL FOR MTAS OFFICE CORRESPONDENCE: _____

FOR STATISTICAL PURPOSES, WHAT IS YOUR GENDER? MALE FEMALE NON-BINARY

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

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 TURN OVER TO CONTINUE

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

- | | | | |
|---|----------|--|----------|
| <input type="checkbox"/> Practicing member | \$430.00 | <input type="checkbox"/> Non-practicing member | \$215.00 |
| <input type="checkbox"/> Non-resident practicing member | \$430.00 | <input type="checkbox"/> Auxiliary member | \$107.50 |

INCLUDE THE FOLLOWING DOCUMENTS WITH YOUR APPLICATION:

- LIABILITY INSURANCE CERTIFICATE FOR THE CURRENT YEAR
- VALID CPR LEVEL C/STANDARD FIRST AID CERTIFICATE
- CRIMINAL RECORD CHECK WITH VULNERABLE SECTOR SEARCH (completed within 6 months of registration date)
- LETTER OF GOOD STANDING/PROOF OF REGISTRATION WITH YOUR CURRENT REGULATORY BODY
- COPY OF YOUR MASSAGE THERAPY DIPLOMA OR TRANSCRIPT

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 and is optional. If this box is left blank, we will automatically post your clinic/business contact information from page 1.

- 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 do not send out these notices via regular mail.)

METHOD OF PAYMENT

- VISA/MASTERCARD**
- E-TRANSFER to payment@saskmassagetherapy.com**

Note that we cannot process combined debit/credit cards, and e-transfer must be a direct or automatic deposit, no security question

CHEQUES NOT ACCEPTED

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 shown above.

VISA/MC number: _____ **Expiry date:** _____

Card holder signature: _____ **CVC #:** _____

TO COMPLY WITH ASSOCIATION BYLAWS, YOUR APPLICATION CANNOT BE PROCESSED UNTIL THIS COMPLETED REGISTRATION FORM IS ON FILE.

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 \$30.00 + GST.

MEMBERSHIP DECLARATION.

1. During the past membership year (Nov 1/24 to Oct 31/25), 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 responded yes to any of the above, please provide written details along with your application.

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 – "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 fees 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 applications (including if your credit card is declined) will be returned with a deficiency notification and an administration fee of \$30.00 + GST applied. Deficiencies must be addressed, and a complete application submitted.

PLEASE TURN OVER TO CONTINUE

PAYMENT OPTIONS:

1. Visa or MasterCard – include all the necessary information on Page Two of this renewal form.
2. E-transfer: **payment must be direct/automatic deposit**, as we are not able to process a payment with a security question or password attached. payment@saskmassagetherapy.com
3. Debit and cash payments are accepted at the MTAS office by appointment during office hours: Monday and Thursday, 7:00 am – 3:00 pm (closed 12 noon – 1:00 pm).
4. Cheques are not accepted.

HAVE YOU.....

- ✓ Completed every item on the form and signed the declarations?
- ✓ Included payment information?
- ✓ Attached a copy of your 2025-2026 liability insurance certificate?
- ✓ Attached proof of valid CPR/Standard First Aid certification?
- ✓ Attached your criminal record check with vulnerable sector search?
- ✓ Attached a copy of your MT diploma or transcript?
- ✓ Attached letter of good standing from your current regulatory body?
- ✓ Attached certificates for any continuing education credits completed since November 1st, 2024?

PLEASE RETURN THIS 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

Tel: 306-384-7077

Please allow up to 5 days for processing