

MASSAGE THERAPIST ASSOCIATION OF SASKATCHEWAN, INC.

Member of the Canadian Massage Therapist Alliance (CMTA)

ANNUAL MEMBERSHIP – STUDENT REGISTRATION FORM For the period November 1st, 2018 to October 31st, 2019

NAME: _____
MAILING ADDRESS: _____
CITY/TOWN: _____ POSTAL CODE: _____
HOME PHONE: () _____ CELL PHONE: () _____
E-MAIL (used for MTAS correspondence only): _____
MESSAGE THERAPY SCHOOL NAME: _____
EXPECTED DATE OF GRADUATION: _____

CURRENT CPR LEVEL C/STANDARD FIRST AID CERTIFICATE ATTACHED.

METHOD OF COMMUNICATION

Our default method of communication is via e-mail. If we have a current e-mail address on file for you, this is considered your implied consent to receive electronic communication. We do reserve the right to send some items via regular mail.

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.)

MEMBERSHIP FEES:

[] 1st Year Student – no charge

[] 2nd Year Student - \$43.00 (deducted from your first year's full membership fees after passing the Member Qualifying Examination)

METHOD OF PAYMENT

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

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

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 # on back of card: _____

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

PLEASE TURN OVER TO CONTINUE

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

MEMBERSHIP DECLARATION.

1. Have you ever been charged with or convicted of a criminal offence? Yes No
2. 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.

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 dues are non-refundable in the event that 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.

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

PAYMENT OPTIONS:

1. Cheque or money order for the full membership fee. Please make payable to Massage Therapist Association of Saskatchewan, Inc. or just MTAS.
2. 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 CANNOT 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.
3. Debit card 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).

HAVE YOU.....

- ✓ Completed every item on the form and signed the declarations?
- ✓ Included payment information?
- ✓ Attached proof of valid CPR/Standard First Aid certification if necessary?

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