

NEW MEMBER APPLICATION – ALLIED MEMBERSHIP

Please print

If you have any questions or require assistance, please e-mail the office at mtas@saskmassagetherapy.com, or call us at 306-384-7077.

You may submit your application in one of these ways:

Mail and office address: 22-1738 Quebec Avenue, Saskatoon, Sask. S7K 1V9

Fax: 306-384-7175

E-mail: mtas@saskmassagetherapy.com

In person: Call 306-384-7077 to make an appointment to bring in your application during office hours.

To comply with Association Bylaws, your application cannot be processed until this completed registration form, and all required documents are on file. All applicants must read, complete and sign all sections of this form. Failure to do so will result in your application being returned unprocessed.

You may attach separate typed pages to include any relevant details that require additional space. Please allow up to 2 weeks for processing.

A. Contact Information

Date of application: _____
(MM/DD/YEAR)

Date of birth: _____
(MM/DD/YEAR)

Full legal name (as you want it to appear in our registry):

First _____ Middle (optional) _____ Last _____

Mailing address: _____

City/town: _____ Province: _____ Postal code: _____

Cell phone: () _____ Home phone: () _____

Personal e-mail (for MTAS correspondence): _____

For statistical purposes only, with which gender do you identify?

Female Male Non-binary Other: _____

B. Registration Information

1. Do you hold a current membership or registration with another massage therapy Association and/or regulatory College? If yes, please specify: _____ Yes No

If you answer “yes” to any of the following three questions (3-5), please provide details on a separate page.

2. Have you been arrested, charged with, or convicted of an offence under the Criminal Code of Canada, the Controlled Drugs and Substances Act, the Food and Drugs Act, or any similar legislation in any jurisdiction? If “yes” attach the Legal Decision document. Yes No

3. Has there ever been a finding of professional misconduct, incompetency, incapacity, or any like finding, against you in Saskatchewan or in any other jurisdiction? Yes No
4. 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? Yes No
5. Have you been denied any license or permit which requires proof of good character? Yes No

C. Documents Required

- Membership application form.** **Official government photo ID.** *Photocopy or photograph is acceptable.*

D. Membership Fees

An allied member shall be entitled to attend and be heard at meetings of the Members, but shall not be entitled to vote thereat, may not hold office in the Association, but may assist on Committees of the Board. Educators, health-care professionals (outside the massage profession) and other interested individuals may obtain allied membership in the Association. A corporation, partnership or other business vehicle may obtain an allied membership in the Association.

See below for pro-rated membership fees according to the date you become a member.

The membership year runs November 1 to October 31.

JOINING BETWEEN:	ALLIED
November 1 to January 31	\$107.50
February 1 to April 30	\$107.50
May 1 to July 31	\$53.75
August 1 to October 31	\$53.75

E. Payment Information

- 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. We do not accept cheques.

TOTAL PAYMENT INCLUDED \$ _____

If paying by credit card, your signature below authorizes MTAS to charge your card with the amount shown above. To protect confidentiality, credit card information is destroyed after processing.

VISA/MC number: _____

Expiry date: _____

Card holder signature: _____

CVC #: _____

E. Membership Declaration and Agreement

Initial beside each statement to acknowledge

I declare I have read, 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. Initial _____

I acknowledge that according to the MTAS Bylaws it is professional misconduct for members to practice massage therapy whilst holding a non-practicing, allied, 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. Initial _____

I understand that I must notify the MTAS office in writing within thirty (30) days of any changes to the information on page 1 of this form. Initial _____

I understand that the Association’s default method of communication is via e-mail. By signing this form, I consent to receive electronic communication at the personal e-mail address included on this form. Initial _____

I do solemnly declare that the statements I have made in all parts of this application form are true and complete in every respect. Initial _____

I make this declaration conscientiously, believing it to be true and knowing that it is of the same force and effect as if made under oath.

Signed this _____ day of _____, _____ at _____
Month Year City

Signature of applicant: _____ Witness signature: _____

Printed name: _____ Witness name: _____

The applicant is advised that the Massage Therapist Association of Saskatchewan, Inc. reserves the right to make further inquiries as may be considered necessary, and to contact any references named herein for further details.

FOR OFFICE USE ONLY:

Date application received: _____ Reviewed by: _____

All documents received: yes [] no [] If no, date applicant notified of deficiencies: _____

Date application re-received with deficiencies addressed: _____

Fees paid: \$ _____ Payment verified (trace # or transaction #): _____

Membership effective date: _____ Membership number: _____

Entered in database: yes [] Entered in CyberImpact: yes []

Entered in QBO: yes []