



## 2018 Student Application Instructions

The MTAA is committed to supporting students on their journey to becoming successful Massage Therapists. To demonstrate this we offer FREE Student Membership to all first and second-year massage therapy students attending an educational institution licensed in Alberta. This enables students to “test drive” our Association and become familiar with the information we provide our members, to have access to our resources, as well as access to our Affinity Partners. Please note that the MTAA does not provide member numbers to any Student Members. Along with a completed application, a current letter of enrollment from the educational institution confirming a student’s current year of study is required to be submitted.

### Completed Applications can be submitted by:

Email to: [info@mtaalberta.com](mailto:info@mtaalberta.com)

Fax to: 403-346-2269

Mail to: #2, 7429 – 49 th Ave, Red Deer, AB, T4P 1N2

*All Student Members who move to MTAA Active Membership within 6 months of graduation save money. We provide a 50% off discount for the first year of Active Membership, as well as waive the \$50 application fee. This is a saving of \$273.00. Don't miss out and apply for your FREE Student Membership today!*



# Massage Therapist Association Of Alberta

Office Use Only

Member Type: STUDENT

Member #: \_\_\_\_\_

Date: \_\_\_\_\_

Approved: \_\_\_\_\_

## 2018 Student Membership Application

| Personal Information                      |  |                          |  |
|---|--|--------------------------|--|
| Legal First Name (Please Print)           |  | Commonly Used First Name | Middle Initial   |
| Legal Last Name                           |  |                          |  |
| Email Address                             |  |                          |  |
| Mailing Address                           |  |                          |  |
| City/Town/Village                         |  | Province                 | Postal Code  |
| Home Phone Number<br>( )                  | Cell Phone Number<br>( )   |                          | Preferred Method of Communication<br><br><input type="checkbox"/> Email Only<br><input type="checkbox"/> Text Only<br><input type="checkbox"/> Both Text & Email |
| Date of Birth<br>Year      Month      Day | Gender<br>(Please Indicate)<br><input type="checkbox"/> Male <input type="checkbox"/> Female |                          |  |

| Education Information                          |          |                |                                       |
|--|----------|----------------|---------------------------------------|
| Massage Therapy Education Institution Attended |          |                |                                       |
| City   | Province | Hours of Study | Date of Graduation Year / Month / Day |

| Disclosure of Criminal Charges / Convictions  |
|---|
| <p>Have you ever been found guilty of, or having pleaded guilty or nolo contendere to, a felony or crime punishable by imprisonment of 1 year or more under the laws of Canada or the United States, or any of the Provinces, Territories or States thereof, which involves moral turpitude, without regard to whether a judgment of conviction has been entered by the Court having jurisdiction of such cases?</p> <p><input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>If Yes, please include a copy of a current criminal records check and provide the specifics of your case including the Court and date of any actions.</p> |



## Membership Agreement

By submitting this application, you attest that the application has been completed accurately and honestly. No disciplinary action has been, or is pending, against you. You have never been the subject of any investigation either civil or criminal, in connection with any sexual act, conduct, molestation, and/or assault. Making false statements on this application or subsequent renewals shall void this application and render any insurance coverage null and void, and you may be subject to further legal action for making false statements.

## Declaration

I, the undersigned, declare that to the best of my knowledge the information provided and statements made in this application and any attached documents is true. I agree to abide by the MTAA Bylaws, Code of Ethics, Guidelines for Professional Boundaries, Standards of Practice and any other governing documents of the Association. 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 the MTAA Student Membership is being provided at no cost to me and shall remain in effect until such time as I graduate from my Massage Therapy training program.

***I understand that as a Student Member with the MTAA, I will not receive a membership number.***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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