



# Massage Therapist Association Of Alberta

**Office Use Only**

Member Type: **Insured Student**

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

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

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

## 2020 Insured Student Member 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 (    )	Cell Phone Number (    )		<b>Preferred Method of Communication</b>  <input type="checkbox"/> Email Only <input type="checkbox"/> Text Only <input type="checkbox"/> Both Text & Email
Date of Birth Year      Month      Day	Gender (Please Indicate)  <input type="checkbox"/> Male <input type="checkbox"/> Female		

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

Supervisor on Site	
Supervisor's Name	
Please indicate the designation of the Supervisor	
Clinic Name	Clinic Phone Number
Supervisor's Email Address	
Supervisor's Signature	



## Criminal Offense Charge or Conviction

I understand that in accordance with the current policies of the MTAA, **I am required to disclose any current charges or convictions of any criminal offense incurred. I understand that I am required to provide the MTAA immediate notice, but no more than thirty (30) days after, the disclosure of any charges or convictions in my name.** I am also aware that additional information may be requested of me regarding this.

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

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

## Insured Student Member Responsibilities

It is important that all MTAA Insured Student Members are aware of their responsibilities to main membership in good standing. Failure to do so may result in membership suspension and possible membership cancellation. Initial that you have read and understand the following:

\_\_\_\_\_ I am aware that I am responsible to disclose to clinic owners that I am a Student Therapist and have not yet graduated from my training program.

\_\_\_\_\_ I am aware that I am required to clearly communicate to patients that I am a Student Therapist and have not yet graduated from my training program.

\_\_\_\_\_ I agree that at no time will I refer to myself as a Massage Therapist or a Registered Massage Therapist until such time that I have graduated from my program and obtained membership with an Association and I agree to refer to myself as a Student Therapist.

\_\_\_\_\_ I am aware that the MTAA cannot guarantee that the insurance benefit providers will accept my receipts for reimbursement as a Student Therapist.

\_\_\_\_\_ I am aware that I am required to provide receipts to clients that reflect treatment provided was from a Student Therapist.

\_\_\_\_\_ I am aware that at no time am I to charge, or to allow a clinic to charge, the standard rate for a treatment, but shall provide a reduced rate treatment to be no more than 50% of the average rate in my jurisdiction.

\_\_\_\_\_ I am aware that I must have valid Standard First Aid and Level "C" CPR Certificates at all times.

\_\_\_\_\_ I am aware that I must obtain a business license for the jurisdiction in which I am providing treatments in the event that one is required.

\_\_\_\_\_ I am aware that if my membership should be suspended for any reason, a \$150 (plus GST) reinstatement fee is required. Any outstanding requirements must be met before membership reactivation can take place. As well, I am aware that failure to remain in good standing as an Insured Student Member may prevent my ability to become an active member of the MTAA.

\_\_\_\_\_ I am aware that my Insured Student Membership will be cancelled 60 days after graduation and the insurance policy and member number obtained for this membership will no longer be valid.



## 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.

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



# MTAA Insured Student Member Activation

First/Last Name of Applicant: \_\_\_\_\_

Activation Information	Activation Date
All memberships are activated on the 1 <sup>st</sup> of a month. If you submit your application and all documentation later than the 15 <sup>th</sup> of a month, the earliest we can activate your membership is the 1 <sup>st</sup> of the following month.	Which month do you want your Student Liability Insurance to begin?  1 <sup>st</sup> day of _____

**Payment Options** - Below is a list of payment options with the MTAA. Please select which payment option you wish to utilize.

Method of payment	
	<p><b>I wish to pay by cheque or money order.</b></p> <p>If you wish to utilize either of these forms of payment, please contact the office for the total cost that includes GST. Please be advised that payment must be received by the MTAA office before activation can occur.</p>
	<p><b>I have provided a credit card/ VISA Debit card number for payment.</b></p> <p>This form of payment includes a 2% transaction fee.</p>

**Please provide the credit card number to be used for your payment of membership dues. Please note that this information is destroyed upon successful payment transaction completion:**

\_\_\_\_\_  
Credit Card Number

\_\_\_\_\_  
Expiry Date

**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 Ave, Red Deer, AB, T4P 1N2