



# MTAA Peter Martin Award of Excellence Application

Personal Information			
Legal First Name (Please Print)		Legal Last Name	
Mailing Address			
City/Town/Village		Province	Postal Code
Email Address			MTAA Member Number
Date of Birth Year          Month          Day		Phone Number	

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

Yes, I am currently an Active Member in good standing with the MTAA and understand that if my status should change during the application process, I will not be eligible to receive the award amount.

Name (Please Print)

\_\_\_\_\_

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



## MTAA Media Consent Form

I \_\_\_\_\_ hereby authorize the use of my full name and any images provided, whole or in part, individually or in conjunction with other images to be utilized by the Massage Therapist Association of Alberta on their website and other official channels, and to be used for media purposes including promotional presentations and marketing campaigns and social media.

I waive rights to privacy and compensation, which I may have in connection with such use of my name and likeness.

I confirm that I am at least 18 years-of-age and I have read this waiver and am familiar with its content.

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