



Massage Therapist Association Of Alberta

Office Use Only

Member Type: STUDENT

Date: _____

Approved: _____

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	Cell Phone Number		Preferred Method of Communication <input type="checkbox"/> Email 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 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: _____

Completed Applications can be submitted by:

Email to: membership@mtaalberta.com

Fax to: 403-346-2269

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