

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Fax \_\_\_\_\_ E-mail \_\_\_\_\_  
*(Provide your e-mail address to receive confirmation of your membership.)*

**1. Select Membership Level**

**Professional Active**

- \$235 + \_\_\_\_\_ (chapter fee, see p. 9) = \_\_\_\_\_  
*Please check and submit documentation for one of the following:*
- Photocopy of diploma or proof of graduation from:
    - A COMTA-accredited program after January 1, 1985 (see list on back of application) or
    - any 500 in-class hour entry-level massage therapy program AMTA School Member (see list on pages 10-13)
  - Photocopy of current AMTA-accepted city, state, or provincial license (see list on page 9)
  - Photocopy of your National Certification Board for Therapeutic Massage and Bodywork (NCBTMB) certificate or confirmation of passing score

**Students - Special Offer**

- \$79 + \_\_\_\_\_ (chapter fee, see p. 9) = \_\_\_\_\_
- I am currently enrolled in an entry-level massage therapy training program.

School Name \_\_\_\_\_

Hours of Program \_\_\_\_\_ Graduation Date \_\_\_\_\_

**2. Payment Options**

Under current tax regulations, 4.02% of your dues is not deductible because of AMTA's lobbying activity. \$25 of your dues are designated for a subscription to *MASSAGE THERAPY JOURNAL*® and cannot be deducted from your dues.

- Enclosed check, payable to AMTA
- Charge my  MasterCard®  Visa®  Discover®

Account Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Cardholder's Name \_\_\_\_\_ Cardholder's Signature \_\_\_\_\_

*AMTA is not responsible for fees resulting from bounced checks, stop payments, overdrawn accounts or exceeded credit lines. Dues are nonrefundable.*

**Mail or fax your completed application to:**  
 AMTA Member Services • 500 Davis St., Suite 900, Evanston, IL 60201-4695 • Fax (847) 864-5196  
 If you are enclosing credentials, please tape alongside edges after folding and gluing.  
*Thank you for choosing AMTA.*

**3. Membership Agreement**

I am familiar with the requirements of membership in the American Massage Therapy Association and agree to abide by its Bylaws and Code of Ethics upon acceptance of my membership. I understand that violation of the Bylaws or Code of Ethics can be grounds for termination of my membership. I attest that I have never had a permit or license related to massage therapy revoked, suspended, or voluntarily surrendered. I am not currently under any disciplinary action on a complaint resolved or unresolved in this state or any other location.

\_\_\_\_\_ I have read and agree to the above *(signature)*

**4. Membership Survey**

Please take a moment to provide the following information to help us maintain the highest level of service to you.

**A. We make AMTA member lists available to selected organizations. Do you wish to receive these mailings?**

- Yes  No

**B. Tell us about yourself.**

Gender  Female  Male  
 Date of Birth \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**C. Rank your reasons for joining AMTA from 1 to 9 with 1 being the least important and 9 being the most important.**  
*(Do not use the same number more than once.)*

- Insurance 1 2 3 4 5 6 7 8 9
- Says "I'm Professional" 1 2 3 4 5 6 7 8 9
- Continuing Education Opportunities 1 2 3 4 5 6 7 8 9
- Practice Development and Support 1 2 3 4 5 6 7 8 9
- Public Awareness Programs 1 2 3 4 5 6 7 8 9
- Legislative Advocacy 1 2 3 4 5 6 7 8 9
- Ethics and Standards 1 2 3 4 5 6 7 8 9
- Getting Information About the Profession 1 2 3 4 5 6 7 8 9
- Other \_\_\_\_\_ 1 2 3 4 5 6 7 8 9

**D. How did you hear about AMTA?**

- School  Chapter  Colleague
- National Office  Web Site  Advertising

**E. Which statement below best describes the level of involvement you expect to have with AMTA? (Check one)**

- \_\_\_\_\_ Read and review information
- \_\_\_\_\_ Attend national meetings/events
- \_\_\_\_\_ Attend chapter meetings/events
- \_\_\_\_\_ Volunteer

**Fi. Mark the box(es) to indicate what type of information you would like from AMTA on a quarterly basis.**

**Fii. Mark the corresponding box(es) to indicate how you would prefer to receive this information in the future.**

Fi. Type of Information	Fii. How Received		
	E-mail	Fax	Mail
<input type="checkbox"/> How to Access AMTA benefits			
<input type="checkbox"/> Professional standards			
<input type="checkbox"/> AMTA legislative advocacy			
<input type="checkbox"/> Enhancement of professional standing			
<input type="checkbox"/> How AMTA makes a difference in the profession			
<input type="checkbox"/> National Board updates			
<input type="checkbox"/> Calendar of continuing education			
<input type="checkbox"/> How to get started in the profession			
<input type="checkbox"/> How to start a practice			
<input type="checkbox"/> How to manage your practice			
<input type="checkbox"/> How to grow your practice			
<input type="checkbox"/> How to market your practice			
<input type="checkbox"/> Medical research indicating efficacy of massage			
<input type="checkbox"/> Third party insurance reimbursement			
<input type="checkbox"/> Other _____			

**\*Please include:** E-mail \_\_\_\_\_  
 Fax \_\_\_\_\_

**G. AMTA currently sends the following information by mail. Please check the box that best indicates how you would prefer to receive it.**

Type of Information	E-mail	Fax	Mail
<input type="checkbox"/> <i>Hands On</i> ® Newsletter		N/A	
<input type="checkbox"/> <i>MASSAGE THERAPY JOURNAL</i> ®		N/A	
<input type="checkbox"/> Continuing Education Information			
<input type="checkbox"/> Renewal Invoice			

**\*Please include:** E-mail \_\_\_\_\_  
 Fax \_\_\_\_\_

**H. Tell us about your career.**

Currently, what is your primary occupation?  
 Massage  Other

*If other, do you want massage to be your primary occupation?*  
 Yes  No

Average number of paid hours of massage per week  
 1-3  4-6  7-10  11-14  15-16  
 17-18  19-20  21-25  26+

Do you currently depend exclusively on your massage income as your living wage?  
 Yes  No  
*If no, do you want to?*  Yes  No