



ASSOCIATE MEMBERSHIP

Associate Members are individuals, clinics, businesses and other organizations who would like to be a part of our community of Registered Massage Therapists. They support our mission to promote and enhance the art, science and philosophy of massage therapy in a professional and ethical manner to ensure the highest level of competency based practice for massage therapy within the province of Manitoba.

Membership is just \$75 annually and provides the following benefits.



INFORMATION

Stay up to date with what is happening in the MTAM community. As a member you will receive MTAM E-News and communications and have access to the research and publications library.



INVOLVEMENT

Be involved with the MTAM community. As a member, you will be invited to participate in research initiatives, MTAM webinars and education programs designed to help you create strong working relationships with RMTs.



CONNECTION

Stay connected with the MTAM community. As a member, you will receive invitations to events, including to our annual spring conference. This event brings our members together to connect, collaborate and grow. Also enjoy access to free classified listings.

GET IN TOUCH



Massage Therapy Association of Manitoba, 175 Marion Street, Winnipeg, MB R2H 0T3
Phone (204) 927-7979 | Toll Free (866) 605-1433 | info@mtam.mb.ca | mtam.mb.ca

REGISTRATION FOR CLINICS AND FRIENDS OF THE MTAM ASSOCIATE MEMBERSHIP



Fill out the below form and return with your annual membership fee of \$75 +GST to the Massage Therapy Association of Manitoba. You can return by mail or email (details at the bottom of this page). Please note, Associate Memberships are non-transferable.

Main Contact: _____

Clinic or Company Name: _____

Address: _____

City: _____ **Province:** _____ **Postal Code:** _____

Email: _____ **Phone:** _____

How many years has your business/organization been operating? _____

How many RMTs are currently working in your business/organization? _____

METHOD OF PAYMENT

Cheque
Payable to MTAM

VISA

Mastercard

Cardholder Name: _____

Card Number: _____ **Card Expiry:** _____ **CSV:** _____

Billing Address (if different from above): _____

The undersigned applicant for Associate Membership hereby agrees to abide and be bound by the Massage Therapy Association of Manitoba Inc.'s (MTAM) By-laws and MTAM Policies and Procedures which apply to this level of membership. Copies are available on request.

I hereby make application for an Associate Membership with the Massage Therapy Association of Manitoba Inc. (MTAM) for the period from date of this application through to December 31 of this calendar year. I understand that if I am in violation of the MTAM By-laws, or any MTAM Policies and Procedures established by the Board of Directors that my membership privileges may be terminated. I consent to the collection, use, and referral/disclosure of business contact information in accordance with the MTAM Privacy Policy. I also understand that by signing this form, I am consenting to receive communications and information from the MTAM by email, mail, and/or telephone at the contact information above. I also understand that Associate Membership benefits are directed towards me as the representative of the above listed company and that the membership is not transferable to others in the above organization while I remain employed.

Signature: _____ **Date:** _____