



CERTIFIED REGISTERED  
Massage Therapist Association

# RENEWAL NOTICE

## Personal Information:

### Name:

\_\_\_\_\_  
Last First Middle

### Address:

\_\_\_\_\_  
Street Address City or Town

\_\_\_\_\_  
Province Postal Code

### Phone:

\_\_\_\_\_  
Home Other/Cell

### Email:

\_\_\_\_\_  
By providing us with your email address, you consent to receiving electronic communications from CRMTA.

### Employer:

\_\_\_\_\_  
Business Name Street Address City or Town

\_\_\_\_\_  
Province Postal Code Phone Number

### Additional Employer:

\_\_\_\_\_  
Business Name Street Address City or Town

## Change in Status:

1. Have you ever been convicted of a crime?  Yes or  No (check one)  
*If YES, please provide details below and attach a copy of a new criminal record check.*

2. Have you incurred any prior liability claims or losses?  Yes or  No (check one).  
*If YES, please provide details below.*

## Payment Information:

- Active Membership Renewal: \$312.35\*  
 Associate Membership Renewal: \$312.35\*

\*The total cost of all CRMTA dues are subject to a transaction charge and tax.

### Payment Method:

- Cheque / Money Order payable to CRMTA  
 Cash  
 Credit Card: (Visa, MasterCard)

## Credit Card Authorization:

Card #: \_\_\_\_\_

Expiry: \_\_\_\_\_ CVV: \_\_\_\_\_

***If the Credit Cardholder is different from the applicant, complete below:***

Name on Credit Card: \_\_\_\_\_

Credit Card Billing Address: \_\_\_\_\_

I have received permission from the cardholder to process this transaction.

**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 CRMTA 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 membership dues are non-refundable in the event that I choose to cancel my membership at any time after application or renewal.

\_\_\_\_\_  
Member Name

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Date