



**Office Use Only:**

Member Type: \_\_\_\_\_

Member #: \_\_\_\_\_

Date Approved: \_\_\_\_\_

## Application for Membership

If you are a graduate of a 2,200-hour program in Alberta, you are eligible for Active membership with the CRMTA. There are four types of membership options available. If you are a graduate of a massage therapy program outside of Alberta you may still apply to become a member with the CRMTA upon review of your application by the board.

### Personal Information:

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street Address City or Town  
Province Postal Code

Phone: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Home Other/Cell

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

### Education and Experience:

Massage Therapy Education: \_\_\_\_\_  
School Name Hours of Study  
City / Province Graduation Date (If student, expected date)  
Postal Code Phone Number

Primary Employer: \_\_\_\_\_  
Business Name Hours of Operation  
Business Address City / Province  
Postal Code Phone Number

Additional Employers: \_\_\_\_\_

## Membership Levels:

### **Active Membership: \$332 / year**

The following RMTs may apply for an Active Membership with the CRMTA:

- have successfully completed a course of study in the Practice of Massage Therapy consisting of a minimum of 2,200 hours in Massage Therapy theory and clinical practicum approved by the Board; or
- in the event the person is enrolled in a program of more than 2,200 hours, then they are eligible to be an Active Member as soon as they provide evidence of having successfully completed 2,200 hours of their program, even though they may not yet have graduated from the full program that is in excess of 2,200 hours.

### **Associate Membership: \$332 / year**

The following RMTs may apply for an Associate Membership with the CRMTA:

- be enrolled in a Massage Therapy program of a minimum of 2,200 hours that when completed will meet the requirements necessary for active membership;
- have completed a minimum of 1,200 hours of education and received a certificate of completion for that amount of training from a Massage Therapy program recognized by the Association; and
- only practice Massage Therapy under supervision and within their level of competence and within the scope of practice of their current level of training

### **Inactive Membership: \$75 / year**

Any individual who is, or was, or is entitled to be, registered as an active member is eligible to be an inactive member in any membership year where they will not be providing Massage Therapy services to members of the public.

### **Affiliate Membership: \$50 / year**

To become an affiliate member of the Association, the person will have an interest in the profession of Massage Therapy but need not be a Massage Therapist or enrolled in a Massage Therapy program. Any Canadian citizen over 18 years of age can apply for affiliate membership. The Board shall decide in their sole discretion whether or not to accept an individual as an affiliate member.

### **Student Membership: free**

To become a student member of the Association the following qualifications must be met:

- be enrolled in a Massage Therapy program consisting of a minimum of twenty-two hundred (2,200) hours, recognized by the Association, but has not yet met the requirements to be an associate member or active member.
- only practice within their level of competence and within the scope of practice of their current level of training

**Application Requirements:**

To apply for all memberships with the exception of the Affiliate Membership, please attach the following documentation along with your application form:

- Official transcripts\* and Diploma (in English) of your 2,200 hours Massage Therapy program or if you are attending a program of more than 2,200 hours, please attach a letter from your educational institutional indicating:
  - o you are currently enrolled in the program
  - o the date you are expected to graduate
  
- Current Standard First Aid and CPR Level C w. AED certification from an issuing authority recognized by the Association\*\*
  
- If not a Canadian citizen, evidence ability to lawfully work in Canada or, if a student, a permit to study in Canada;
  
- A current Police Information check with a Vulnerable Sector search dated no later than 30 days prior to application date.
  
- Outside of Alberta: If you are transferring to Alberta from another Province, or transferring from another association, the CRMTA requires correspondence from the Regulatory College or Association confirming that your registration/membership is in good standing and that you have no outstanding complaint or disciplinary actions filed against you.
  
- A copy of government issued identification

\* Official transcripts are defined by CRMTA as transcripts in English (or translated into English) from a recognized educational institution.

\*\* For a list of First Aid and CPR authorities are recognized by the CRMTA please visit <https://www.alberta.ca/assets/documents/ohs-approved-first-aid-training-courses.pdf>

**Application Questions:**

1. Have you ever been convicted of a crime?  NO  YES.  
 If yes, please provide details: \_\_\_\_\_
  
2. Have you ever been disciplined or expelled from an association or legislated regulatory body?  
 NO  YES. If yes, please name of Association/ Regulatory Body: \_\_\_\_\_  
 Date of Expulsion or Disciplinary Action: \_\_\_\_\_
  
3. Have you ever incurred any prior liability claims or losses?  
 NO  YES. If yes, please provide details: \_\_\_\_\_
  
4. In the past three years, have you had liability insurance cancelled or coverage refused by an insurer?  
 NO  YES. If yes, please provide details: \_\_\_\_\_

### **Insurance (Optional)**

CRMTA has an insurance provider that can provides affordable insurance options to its members in addition to its low annual fees. Please select the insurance options you would like more information on. (By selecting below, you give CRMTA and its insurance broker permission to contact you regarding the insurance information you requested below)

- House or Auto insurance
- Identity Theft Insurance
- Health and Dental benefit plans
- Other, please specify: \_\_\_\_\_

### **Declaration and Signature**

#### **Protection of Privacy**

We confirm that we collect both your personal information and business information on this website. It is understood and agreed by the member, by signing below, that this information may be given out by CRMTA to insurers that inquire about membership, and to the public who are looking for massage therapist services. CRMTA collects the personal and business information and will keep this information confidential, subject to the above provisions, as well as for internal use in the provision of member services, statistical reporting, etc. The collection, use and disclosure of personal information is done in accordance with the Personal Information Protection Act.

#### **Insurance Agreement**

By submitting this application, I attest that the application has been completed accurately and honestly. No disciplinary action has been, or is pending against me, in any jurisdiction. I have never been the subject of any professional conduct investigation, civil action, or criminal action in connection with any sexual misconduct or assault. I understand that my liability insurance certificate will provide evidence that I have been added as an individual participant with respect to the coverage and limits of the master policy for professional general liability insurance. I understand that the coverage provided by my insurance certificate is subject to all the terms, conditions and exclusions contained in the master policy. I further understand that the insurance company will rely on the information I have provided in this application. Providing false statements on this application or subsequent renewals shall void this application and shall render my insurance coverage null and void, and I may be subject to further legal action for making false statements.

#### **Entitlement To Be In Canada**

I declare that I am a Canadian citizen, or a person lawfully permitted to work in Canada or lawfully permitted to study in Canada.

#### **Geographical Practice**

I attest that I am practising in the Province of Alberta only and I understand that if I practice massage therapy outside the geographical boundaries of Alberta, that my membership number is not valid for third party insurance receipt provision.

I, the undersigned, declare that to the best of my knowledge and information, the information provided and statements made in this application and any attached documents is true and correct. I agree to abide by CRMTA By-Laws, Code of Ethics, Guidelines for Professional Conduct, Standards of Practice, and any other policies or 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 fees and insurance payments are non-refundable in the event that I choose to cancel my membership at any time after application or renewal.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



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### Payment Method:

- Active Membership: Total \$346/year \*
- Associate Membership: Total \$346/year \*
- Inactive Membership: \$75/year\*
- Affiliate Membership: \$50/year\*
- Student Membership: **free**
- Money Order payable to CRMTA  
In the amount of \_\_\_\_\_
- E-Transfer  
Send transfers to payments@crmta.com
- Credit Card : • Visa • MasterCard
- Please complete credit card authorization below

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

### Credit Card Authorization:

Your signature below is your authorization to charge the credit card in the amount selected.

Credit Card Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_ CVV#: \_\_\_\_\_

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

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

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

Credit Card Billing Address: \_\_\_\_\_  
Street address city, province postal code

I, the applicant, attest that I have received permission from the cardholder to process this transaction.