



CANADIAN SPORT MASSAGE  
THERAPISTS ASSOCIATION

ASSOCIATION CANADIENNE DES  
MASSOTHÉRAPEUTES DU SPORT

**MEMBERSHIP RENEWAL**

Year: \_\_\_\_\_

*Please Print*

CSMTA Membership #: \_\_\_\_\_

**PERSONAL INFORMATION**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_

Fax: (\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_

Present Employer (Name & Address or Self): \_\_\_\_\_

**SECTION A**

**Profession: (please check one and fill in appropriate information)**

Registered Massage Therapist

Provincial College or Association: \_\_\_\_\_

Registration Number (if applicable): \_\_\_\_\_

Date Registered: \_\_\_\_\_

Expiry Date: \_\_\_\_\_

Other (Associate Membership only)

**SECTION B – For Registered Massage Therapists**

Membership Maintenance:

1. Submit Continuing Education Credits (please enclose a copy of all courses that you have taken in the past year)
2. Did you work at any sport events in the past year?  Yes  No If yes, please list on a separate page.
3. Submit updated liability insurance
4. Submit updated certificate for :  First Aid  CPR  Sports First Aid  
**OR**  
 Sport First Responder
5. Are you currently working with a National Sport Organization (NSO) team? Name: \_\_\_\_\_

**SECTION C – Association Administration Interest**

Are you interested /do you have skills/contacts you would like to put to use for the administration of the CSMTA?  Yes  No In what way?: \_\_\_\_\_

Do you wish to serve on any of the following committees:  education  ethics  bylaws/policy  public relations  strategic planning

**(All membership fees reflect dual membership – National and Provincial, where there is a Chapter.)**

**ANNUAL RENEWAL FEE DUE UPON RECEIPT OF THIS NOTICE  
A LATE FEE OF \$40.00 + \$10.00 PER MONTH THEREAFTER MUST BE  
ENCLOSED IF POSTMARKED AFTER DECEMBER 20. THERE IS NO PRORATED  
FEE FOR MEMBERSHIP RENEWALS**

I am renewing my CSMTA membership for \_\_\_\_\_ as:  
(year)

- |                                  |  |  |                                    |                                    |
|----------------------------------|--|--|------------------------------------|------------------------------------|
| <input type="checkbox"/> Student | <input type="checkbox"/> Certification Candidate | <input type="checkbox"/> Certified Sport Massage Therapist | <input type="checkbox"/> Associate | <input type="checkbox"/> In-Active |
| \$15.00                          | \$135.00   | \$175.00   | \$87.50                            | \$87.50                            |

The membership fee for the above membership is: \$ \_\_\_\_\_  
 Yes, I would like my name on the CSMTA website for an extra fee of \$10.00 per year.  
 Yes, I would like a link to my website for an extra fee of \$10.00 per year.  
Web site address: \_\_\_\_\_

I have enclosed \$ \_\_\_\_\_ and have checked the above information for accuracy.

**PRIVACY CONSENT**

I, \_\_\_\_\_ (please print) provide the requested information for the purpose of educational standards and requirements for the Selection process for working at Major Games, or for the Provincial Sport Medicine Councils, or National Sport Centres, but not limited to, as the CSMTA may be requested by either party.

The CSMTA Board, Chairs of the Education Committee, the Certification and Examination Committee, and the Selection Committee will have access of this required information.

The National Office will house the documents and be privy to the information upon written request of the aforementioned persons. The CSMTA Board remains responsible for all information and will use the latest information for determining eligibility for any and all Games, Inactive members' files will be destroyed after ten years.

Selection information for Major Games will be destroyed after the Selection has been finalized and the Games are in progress.

I understand the purpose of collecting this information and how the CSMTA will handle this private information.

Yes, I would like my work address to be included in the membership directory that will be distributed to all members.

Yes, I would like my email address to be included in the membership directory that will be distributed to all members.

Yes, I would like my work phone number to be included in the membership directory that will be distributed to all members.

Have you ever been found guilty of, or pleaded guilty or nolo contendere to a felony or crime punishable by imprisonment of 1 year or more under the laws of Canada or 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.

Yes  No      If yes, state file number: \_\_\_\_\_

If yes, please provide the specifics of your case including the Court and date of any actions.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**OFFICE USE ONLY:**

Date Received: \_\_\_\_\_ Amount Received: \$ \_\_\_\_\_ Cheque #: \_\_\_\_\_ M.O. \_\_\_\_\_

Amount of Credit with CSMTA: \$ \_\_\_\_\_ Receipt & Card Sent: \_\_\_\_\_