



CANADIAN SPORT MASSAGE  
THERAPISTS ASSOCIATION  
ASSOCIATION CANADIENNE DES  
MASSOTHÉRAPEUTES DU SPORT

**STUDENT MEMBERSHIP APPLICATION**

Year \_\_\_\_\_

*Please Print*

**PERSONAL INFORMATION**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
Province: \_\_\_\_\_  
Postal Code: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_  
Cell: (\_\_\_\_) \_\_\_\_\_  
E-mail: \_\_\_\_\_  
 Male  Female

**EDUCATION**

*(You must provide proof of current enrolment from a government licensed Massage Therapy educational institution – Student I.D. card or letter of enrolment.)*

Institution: \_\_\_\_\_  
Expected Graduation Date: \_\_\_\_\_  
Total Hours of program: \_\_\_\_\_  
 Full-time  Part-time

**WORK AND PROFESSIONAL EXPERIENCE**

Are you currently working with a National Sport Organization (NSO) team?  Yes  No

If yes, Name of Organization: \_\_\_\_\_

Membership to a Provincial Massage Therapy Association?  Yes  No

Provincial Association : \_\_\_\_\_

Student Membership Number: \_\_\_\_\_

Date of membership: \_\_\_\_\_

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

CPR – Expiry: \_\_\_\_\_

First Aid – Expiry: \_\_\_\_\_

Sport First Aid – Expiry: \_\_\_\_\_

**Please note:**

- If you do not meet CSMTA Student Member requirements, the application will be returned.
- You must update your membership status upon graduation.

**PAYMENT**

- Certified cheques or money orders must be payable to the CSMTA.
- All membership fees reflect dual membership – national and provincial, where there is a chapter.

<b>Annual Student Fee</b>	<b>\$ 15.00</b>
<b>Copy of Bylaws</b> (please check one)	
<input type="checkbox"/> Printed and mailed	<b>\$ 10.00</b>
<input type="checkbox"/> Pdf version by e-mail	<b>\$ <u>0.00</u></b>
<b>Total Fee</b>	<b>\$ _____</b>

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 File number: \_\_\_\_\_

Please attach details including the Court and date of any actions.

I hereby certify that I fully understand the contents of the application and I further certify the information provided herein is true and correct. I do hereby agree to abide by the Bylaws and Policies, and Code of Ethics of the Canadian Sport Massage Therapists Association and accept disciplinary measures as outlined in the Code of Conduct, in the event I should be challenged with professional misconduct according to the Code of Ethics.

**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. The CSMTA Board, Chairs of the Education Committee, the Certification and Examination Committee, and the Selection Committee will have access to this required information. The National Office will house the documents and be responsible to provide this information upon written request to the aforementioned persons. The CSMTA Board remains responsible for all information. I understand the purpose of collecting this information and how the CSMTA will handle this private information.

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

**CSMTA National Office, 1030 Burnside Road West, Victoria B.C., V8Z 1N3  
Phone: (250) 590-9861; Fax: (250) 590-9861; e-mail: natoffice@csmta.ca**