



CANADIAN SPORT MASSAGE
THERAPISTS ASSOCIATION
ASSOCIATION CANADIENNE DES
MASSOTHÉRAPEUTES DU SPORT

MEMBERSHIP APPLICATION

Year _____

Please Print Clearly

PERSONAL INFORMATION

Name: _____
Home Address: _____
City and Province: _____
Postal Code: _____
Home Phone: (____) _____
Present Employer: _____
Work Address: _____
City and Province: _____
Postal Code: _____
Work Phone: (____) _____
Fax: (____) _____
Cell: (____) _____
E-mail: _____
Date of Birth: _____

Where do you prefer to receive mail from the National Office? [] Home [] Work

[] Male [] Female

SECTION A

EMPLOYMENT HISTORY

How long have you been practicing massage therapy? _____ years

[] Full-time [] Part-time [] Occasional

Employment for the last 3 years: (Name & Address of Employers):

1. _____
2. _____
3. _____

Are you currently working with a National Sports Organization (NSO) team? _____
NSO: _____

PROFESSIONAL

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 Only)

Massage Education (Documentation Required)

Institution: _____

Graduation Year: _____

Institution Address: _____

City: _____

Province: _____

Postal Code: _____

Phone: (_____) _____

Insurance Coverage (Documentation Required)

Name of Company/Agent: _____

Policy Number: _____

Expiry Date _____

Post-secondary Education

Program Course _____

Institution _____ Year _____

Program Course _____

Institution _____ Year _____

Degree _____

Diploma _____

CPR (Level C) Expiry _____

First Aid Expiry _____

Sport First Aid Expiry _____ (if applicable)

Sport First Responder Expiry _____

What three sports do you prefer to work with?

- 1. _____
- 2. _____
- 3. _____

Travel and Event Information

Do you wish your phone number to be distributed by our referral service?

yes no

What languages do you speak? _____

Previous Sport Massage Experience

Enclose C.V. and work experience of all your previous sport massage training and experience. You must provide the following information:

- 1. the number of hours you have spent in all sport massage classes attended during your massage training
- 2. the course content and the instructor(s)
- 3. documentation of all sport massage events and student clinics if sport outreach
- 4. all sport post-graduate/supplementary training/workshops/seminars (i.e., advanced techniques, assessment, taping)
- 5. all sport massage experience during your time in practice.

SECTION C

Association Administration Interest

Are you interested in playing a role in the administration of the CSMTA? yes no

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:

- Executive Education Ethics Bylaws/policy Public Relations
- Strategic planning

MEMBERSHIP FEES/CLASSIFICATIONS:

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

Student	Annual Fee (no initiation fee)	<u>\$15.00</u>
----------------	---------------------------------------	-----------------------

Student – A student member is an individual who is currently registered in a massage therapy program with a government licensed massage therapy school in Canada. (Please use Student Membership Application Form).

Certification Candidate	Initiation Fee (One time only)	\$15.00
	Annual Fee	<u>\$135.00</u>
		<u>\$150.00</u>

Certification Candidate - A Certification Candidate Member is an individual who has successfully completed a massage therapy program with a government licensed massage therapy school in Canada and who is a member in good standing of the College of Massage Therapists in the province in which the individual practices, or in the case of a province or territory with no such regulatory body, a member in good standing with a professional massage therapy association.

Associate	Initiation Fee (One time only)	\$15.00
	Annual Fee	<u>\$87.50</u>
		<u>\$102.50</u>

Associate Member - An Associate Member is an individual who does not qualify to be a Student Member, a Certification Candidate Member, a Certified Sport Massage Therapist Member or an Inactive Member but who expresses an interest in maintaining the vision and mission of the association.

Please note:

If you do not meet CSMTA Member requirements, the application will be returned.

Website Listing

I would like the following information posted on the CSMTA website (www.csmta.ca) for an additional **\$10**

Name Clinic Name Address Work Phone Number Email

I would like a link to my website for an additional **\$10**

Please print web site address: _____

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.

Initiation Fee	\$ 15.00
Annual Membership Fee	\$135.00 (or \$87.50 Associate Member)
Website listing	\$ 10.00
Website link to your web site	\$ 10.00
Copy of Bylaws (please check one)	
<input type="checkbox"/> Printed and mailed	\$ 10.00
<input type="checkbox"/> Pdf version by e-mail	\$ <u>0.00</u>
Total Fee	\$ _____

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.

The following documents are required with registration fee, or the Application will not be processed and/or will be returned.

1. This application, completely filled out.
2. Registration number, photocopy of School Diploma or letter from administration of school stating registration, subjects, and marks (or proof of membership with College of Massage Therapists).
3. Photocopies of valid CPR and Standard First Aid certificate, and Sport First Aid or Sport First Responder Certificate.

4. Proof of Liability Insurance.
5. Documentation of sport events worked at and/or teams worked with (ie., a letter from the Coach, Manager, or Head Therapist stating level of involvement and approximate hours worked or list of signatures of athletes worked on at an individual sporting event).

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.

Signature _____ **Date** _____

**CSMTA National Office, 1030 Burnside Road West, Victoria B.C., V8Z 1N3
Phone: (250) 590-9861; Fax: (250) 388-7835; e-mail: natoffice@csmta.ca**