

AMTA Student Member Application

Thanks for choosing AMTA to help you reach professional excellence in your new career. We're delighted to have you join us!

Member Contact Information

Name _____

Address _____

City _____

State _____ Zip _____

Home Phone _____

Fax _____

E-mail _____

Membership Confirmation

If you provide a current e-mail address above, we'll confirm your membership via e-mail.

STUDENT MEMBERSHIP

You must be enrolled in a 500 in-class minimum entry-level massage therapy program.

\$79 + _____ chapter fee = \$ _____

Yes, I'm currently enrolled in a 500 in-class hour minimum entry-level massage therapy training program.

School Name _____

School Address _____

City _____

State _____ Zip _____

Total Program Hours _____

Anticipated Graduation Date _____

Chapter Fees

AK \$25	DE \$25	KS \$30	MO \$15	NM \$25	SC \$20	WI \$30
AL \$20	FL \$20	KY \$25	MS \$15	NV \$20	SD \$17	WV \$20
AR \$5	GA \$30	LA \$15	MT \$20	NY \$20	TN \$15	WY \$15
AZ \$30	HI \$25	MA \$30	NC \$25	OH ¹ \$30/10	TX \$30	
CA \$25	IA \$10	MD \$30	ND \$0	OK \$30	UT \$30	
CO \$15	ID \$25	ME \$0	NE \$10	OR \$30	VA \$20	
CT \$20	IL \$30	MI \$20	NH \$30	PA \$20	VT \$20	
DC \$20	IN \$25	MN \$30	NJ \$20	RI \$20	WA \$30	

¹ OH: Professional Active \$30, Student \$10

CODE OF ETHICS AGREEMENT

I am familiar with the requirements of membership in the American Massage Therapy Association and agree to abide by the Bylaws and Code of Ethics upon acceptance of my membership. I understand that violation of the Bylaws or Code of Ethics can be grounds for termination of my membership. I attest that I have never had a permit or license related to massage therapy revoked, suspended or voluntarily surrendered. I am not currently under any disciplinary action on a complaint resolved or unresolved in this state or any other location.

I have read and agree to the above (signature) _____ Date _____

OPT-OUT OPTIONS

Mailing Lists

The AMTA membership list is occasionally made available to selected organizations and mailers of quality products. If you **do not** wish to receive such mailings, please check box at left.

E-mail Addresses

If you **do not** wish to receive e-mails from AMTA, please check box at left.

Fax Numbers

If you **do not** wish to receive faxes from AMTA, please check box at left.

PAYMENT OPTIONS

Check enclosed, payable to AMTA

Charge my MasterCard® Visa® Discover®

Card Number _____ Expiration Date _____

Cardholder's Name _____ Cardholder's Zip Code _____

Cardholder's Signature _____

AMTA is not responsible for fees resulting from bounced checks, stop-payments, overdrawn accounts or exceeded credit limits. Dues are nonrefundable.

MAIL OR FAX YOUR COMPLETED APPLICATION TO:



AMTA Member Services
500 Davis Street, Suite 900
Evanston, IL 60201-4695
Fax: 1-847-864-5196

Thanks for joining our family of massage therapists!