## MASSAGE THERAPIST ASSOCIATION OF SASKATCHEWAN, INC.

Member of the Canadian Massage Therapist Alliance (CMTA)

## **ANNUAL MEMBERSHIP – RENEWAL OF REGISTRATION** For the period November 1<sup>st</sup>, 2024 to October 31<sup>st</sup>, 2025 NOTE: \$15.75 administration fee now applies to all renewals not completed via the website)

MTAS MEMBERSHIP #:	(This section must be completed in full)
THERAPIST NAME:	
MAILING ADDRESS:	
CITY/TOWN:	POSTAL CODE:
HOME PHONE: ( )	CELL PHONE: ( )
E-MAIL FOR MTAS OFFICE CORRESPONDENCE:	
(If nothing has changed since the last r	ND A THERAPIST SEARCH TOOL ON MTAS WEBSITE: enewal, you may write "same as last year" across the clinic spaces.)
STREET ADDRESS:	
CITY/TOWN:	POSTAL CODE:
BUS. PHONE: ( )	FAX #: ( )
WEBSITE:	
WORK E-MAIL ADDRESS:	
SECOND CLINIC NAME:	
STREET ADDRESS:	
CITY/TOWN:	POSTAL CODE:
BUS. PHONE: ( )	FAX #: ( )
WORK E-MAIL ADDRESS:	
THIRD CLINIC NAME:	
STREET ADDRESS:	
CITY/TOWN:	POSTAL CODE:
BUS. PHONE: ( )	FAX #: ( )
WORK E-MAIL ADDRESS:	

\*\* PLEASE INDICATE CLEARLY IF ANY OF THE ABOVE INFORMATION IS NEW SO THAT YOUR FILE CAN BE PROPERLY UPDATED \*\*

PLEASE TURN OVER TO CONTINUE

MEMBERSHIP CLASSIFICATION — PLEASE CHECK ONE BOX (GST is not applicable):					
☐ Practicing member	\$445.75	☐ Honourary member	\$ 0.00		
☐ Non-resident practicing member	\$445.75	☐ Auxiliary member	\$122.75		
☐ Non-practicing member	\$230.75	☐ Student member	\$0.00		
☐ I do not wish to renew my member	ership - reason:				
INSURANCE PROVIDER — please indicat If <u>not</u> insured with BFL Canada, please or policy (not a receipt) to your profile	e upload a copy of yo	our 2024-2025 malpractice ar			
CPR LEVEL C/STANDARD FIRST AID CERtificate to your personal profile on the website		ACHED (only required if you have re	ecertified but not yet uploaded your new		
WEBSITE POSTING  Please indicate below if you would NOT like feature on our website. This is free publicition from particular information informat	ty for your practice and				
☐ I <b>WOULD NOT</b> like my clinic information	on posted.				
METHOD OF COMMUNICATION  Our default method of communication is vectors to receive the considered your implied consent to receive			for you, your membership renewal is		
Please check this box if you <b>DO NOT</b> wreceive workshop notices, job ads, volunted mail.)					
	METHOD (	OF PAYMENT			
(Circle one) DEBIT/CASH/CHEQUE/M.O **Note that we cannot process combined debit/					
Chq #(s):					
[ ] I am paying the full membership fee	+ non-electronic renev	val fee now: \$			
Split-payment plan options (for practici	ng members only):				
<b>Two-payment plan</b> - total cost \$47 second payment \$261.50 by January 31st,					
Three-payment plan - total cost \$5 second payment \$171.50 by January 31st, 30th, 2025 (\$140 membership + \$30 admin	2025 (\$140 membersh				
All post-dated cheques must accompa The credit card number provided below of April 2025.					
I am including \$ late fee	if applicable - \$94.50 إ	per month or part thereof).			
TOTAL PAYMENT INCLUDED (mem	nbership + fees no	ted above): \$			
To protect confidentiality, credit card inform My signature below authorizes MTAS to cha					
VISA/MC number:		Expiry (	date:		
			on back of credit card:		

PLEASE TURN OVER TO CONTINUE

# TO COMPLY WITH ASSOCIATION BYLAWS, YOUR RENEWAL CANNOT BE PROCESSED UNTIL A COMPLETED REGISTRATION FORM IS ON FILE.

All members must read, complete and sign these two sections. Failure to do so will result in your registration being returned unprocessed and the application of an administration fee of \$30.00 + GST.

MEMBERSHIP DECLARATION.  1. During the past membership year (Nov 1/23 to Oct 31/24), have you been charged with or convicted of a criminal offence?	Yes	No
2. With respect to your practice, has there ever been a finding of professional misconduct, incompetency, or incapacity, or any like finding, in Saskatchewan or in any other jurisdiction, against you in relation to the profession of massage therapy or another health profession?	Yes	No
<b>3.</b> Is there a current proceeding against you involving an allegation of professional misconduct, incompetence or incapacity, or any like finding, in Saskatchewan or in any other jurisdiction, in relation to the profession of massage therapy or another health profession?	Yes	No
If you answered yes to any of the above, please provide written details along with your application frenewal.	or memb	ership
I acknowledge that according to the MTAS Bylaws it is professional misconduct for members to practice massage to a non-practicing, educator/instructor, or student membership or when suspended. I understand that this may be of fraud and that the Association will investigate complaints and may take further action.  I declare I have read and understood, and agree to abide by the Bylaws, Standards of Practice, Code of Ethics, and documents of the Association (available at <a href="https://www.saskmassagetherapy.com">www.saskmassagetherapy.com</a> – "About MTAS".) I realize that I may and membership privileges if complaints about me are found to be in violation of these documents. I further undersidues are non-refundable if I choose to cancel my membership at any time or for any reason, after application and on page 1 of this form.  I understand that I must notify the MTAS office in writing within thirty (30) days of any changes to the personal and on page 1 of this form.  I hereby certify that the statements I have made in all parts of this membership form are true and complete. (Signature in the properties of the personal and complete in the properties of the personal and the properties of the properties of the personal and the properties of the personal and the properties of the personal and the properties of the properties of the personal and the properties of	d any other lose my tand that lor renew	d insurance er governing membership membership al.
you know provides false or misleading information is professional misconduct and may result in disciplinary action.	.)	
Signed this day of,at at City		
Signature of member:		
Printed name:		
Witness signature:		
Printed name:		

This form must be signed and dated in order to be accepted.

Incomplete renewal applications (including if your credit card is declined or your cheque is returned NSF) will be returned with a deficiency notification and an administration fee of \$30.00 + GST applied.

Deficiencies must be addressed, and a complete application submitted by the renewal deadline or the late fee will also apply.

PLEASE TURN OVER TO CONTINUE

### **PAYMENT OPTIONS:**

You do not have to wait until the end of October to renew your membership. You may send in your renewal at any time.

- 1. Cheque or money order for the full membership fee. Please make payable to Massage Therapist Association of Saskatchewan, Inc. \*\* If sending a post-dated cheque, please attach a note. \*\*
- 2. Two-payment plan <u>for practicing members only (\$477.25 total cost)</u>: The non-electronic renewal fee of \$15.75 is applied to the first payment. An administration fee of \$30.00 + GST is applied to the second payment. **Both cheques must be sent at the same time, with your renewal form. (If paying by credit card, your signature authorizes MTAS to process both payments on the dates specified.)** 
  - First payment dated no later than October 31st, 2024 for \$215.75.
  - Second payment post-dated no later than January 31st, 2025 for \$261.50.
- 3. Three-payment plan for practicing members only (\$508.75 total cost): The non-electronic renewal fee of \$15.75 is applied to the first payment. An administration fee of \$30.00 + GST is applied to the second and third payments. All cheques must be sent at the same time, with your renewal form. (If paying by credit card, your signature authorizes MTAS to process both payments on the dates specified.)
  - First payment dated by October 31st, 2024 for \$165.75.
  - Second payment post-dated no later than January 31st, 2025 for \$171.50.
  - Third payment post-dated no later than April 30<sup>th</sup>, 2025 for \$171.50.
- 4. Visa or MasterCard include all the necessary information on Page Two of this renewal form, or phone in your credit card number, expiry date and security number AFTER you have sent in your completed form. WE WILL NOT ACCEPT TELEPHONE PAYMENTS WITHOUT A COMPLETED MEMBERSHIP FORM ON FILE. This is to protect the security of your credit card information and to comply with the MTAS Bylaws.
- 5. E-transfer: <u>payment must be direct or automatic deposit</u>, as we are not able to process a payment with a security question or password attached. <u>payment@saskmassagetherapy.com</u>
- 6. Debit and cash payments are accepted at the MTAS office during office hours: Monday and Thursday, 7:30 am 3:00 pm (closed 12 noon 1:00 pm).
- 7. MTAS Bylaws allow for a grace period of one month. This means that (first) payment and registration must be received NO LATER than NOVEMBER 30<sup>TH</sup>, 2024. The penalty for late payment is \$90.00 + GST (\$94.50) per month or any part thereof. No exceptions.

#### HAVE YOU.....

- ✓ Completed every item on the form and signed the declarations?
- ✓ Included payment information?
- √ Included a copy of your 2024-2025 liability insurance policy, if it is NOT held with BFL Canada?
- √ Attached proof of valid CPR/Standard First Aid certification if not already updated?
  - ✓ Included verification of any continuing education credits not previously recorded in your file?

NOTE: if you choose not to renew your membership, please let us know by checking the appropriate box on the reverse of this form or e-mailing us a note. This will eliminate the need for us to send you unnecessary reminder notices.

#### PLEASE RETURN THIS RENEWAL FORM & PAYMENT TO:

Massage Therapist Association of Saskatchewan, Inc. #22–1738 Quebec Avenue, Saskatoon, Sask. S7K 1V9

Fax: 306-384-7175 e-mail: <a href="mailto:mtas@saskmassagetherapy.com">mtas@saskmassagetherapy.com</a> Tel: 306-384-7077