

# MASSAGE THERAPIST ASSOCIATION OF SASKATCHEWAN, INC.

Member of the Canadian Massage Therapist Association (CMTA)

## ANNUAL MEMBERSHIP – STUDENT REGISTRATION FORM For the period November 1<sup>st</sup>, 2024 to October 31<sup>st</sup>, 2025

NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY/TOWN: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

DAYTIME PHONE: (    ) \_\_\_\_\_

E-MAIL (used for MTAS correspondence only): \_\_\_\_\_

MESSAGE THERAPY SCHOOL NAME: \_\_\_\_\_

EXPECTED DATE OF GRADUATION: \_\_\_\_\_

CURRENT CPR LEVEL C/STANDARD FIRST AID CERTIFICATE ATTACHED - REQUIRED.

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### **METHOD OF COMMUNICATION**

Our default method of communication is via e-mail. If we have a current e-mail address on file for you, this is considered your implied consent to receive electronic communication.

Please check this box if you **DO NOT** want to receive any electronic communication from MTAS. (This means that you will not receive workshop notices, job ads, volunteer opportunities or other Association news, and we will not send out these notices via regular mail.)

Please check this box if you would like to participate on our Student Council.  
For more details contact Lori Green, Executive Director, at [lorigreen@saskmassagetherapy.com](mailto:lorigreen@saskmassagetherapy.com)  
(You must be a registered student member of the MTAS).

### **MEMBERSHIP FEES:**

[    ] 1st Year Student – no charge                      [    ] 2<sup>nd</sup> Year Student – no charge

**ALL MEMBERS MUST READ, COMPLETE AND SIGN THIS DECLARATION. FAILURE TO DO SO WILL RESULT IN YOUR REGISTRATION BEING RETURNED UNPROCESSED AND THE APPLICATION OF AN ADMINISTRATION FEE OF \$25.00 + GST.**

### **MEMBERSHIP DECLARATION.**

- |  |     |    |
|--|-----|----|
| 1. Have you ever been charged with or convicted of a criminal offence?   | Yes | No |
| 2. 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 |
| 3. 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 for membership.**

**GENERAL DECLARATION**

I acknowledge that according to the MTAS Bylaws it is professional misconduct for members to practice massage therapy whilst holding a non-practicing, educator/instructor or student membership or when suspended. I understand that this may be considered insurance 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 any other governing documents of the Association (available at [www.saskmassagetherapy.com](http://www.saskmassagetherapy.com) – "About MTAS".) I realize that I may lose my membership and membership privileges if complaints about me are found to be in violation of these documents. I further understand that membership dues are non-refundable in the event that I choose to cancel my membership at any time or for any reason after application.

I understand that I must notify the MTAS office in writing within thirty (30) days of any changes to the personal and/or clinic information 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. (Signing a document that you know provides false or misleading information is professional misconduct and may result in disciplinary action.)

Signed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ at \_\_\_\_\_  
Month Year City

Signature of applicant: \_\_\_\_\_

Printed name: \_\_\_\_\_

Witness signature: \_\_\_\_\_

Printed name: \_\_\_\_\_

**The form must be signed and dated.**

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**PLEASE RETURN THIS FORM & PAYMENT TO:**

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

Fax: 306-384-7175

E-mail: [mtas@saskmassagetherapy.com](mailto:mtas@saskmassagetherapy.com)

Tel: 306-384-7077