

HMTAC Membership Application Form

First Name: _____

Last Name: _____

Mailing Address: _____

City: _____ Province: _____ Post Code: _____

Email: _____

Contact Numbers (Required): *Please indicate by marking an 'X' next to numbers available to the public.*

Home: _____

Business: _____

Mobile: _____

Fax: _____

Memberships: Applicants must submit a copy of applicable massage certificates/training for **HMTAC** review.

Full Membership (CAD\$140)

Associate Membership (CAD\$70)

Student Membership (CAD\$70)

International Membership (CAD\$140)

Payment Method:

Check #: _____ Amount: _____

Signature: _____

Date: _____

By signing this application form, you agree to the HMTAC Membership Guidelines and Requirements as outlined on the HMTAC website.

Please submit your completed application with payment to:

HMTAC

PO BOX 43009 Kildonan Place, Winnipeg MB R2C 5G5