



Membership Application

CONTACT INFORMATION

First Name: _____ MI: _____ Last Name: _____

Address: _____ State: _____ Zip Code: _____

Business Name: _____ Web Site (opt): _____

Business Address: _____ State: _____ Zip Code: _____

Phone Number (H): _____ (C): _____ (W): _____

Fax: _____ Email: _____

PERSONAL & PROFESSIONAL INFORMATION

Where did you receive your massage/bodywork training? _____

Hours of Training: _____ Month and Year of graduation: _____ Years of Practice: _____

Certifications: _____

Professional Affiliations (click circle to select): ABMP AOBTA IMA NCBTMB AMTA

Other Affiliation: _____

Professional Liability Insurance Provider: _____ ID#: _____

***Must email or mail a copy of your ID and proof of insurance within 30 days of application.

What might be your "strengths" that you may want to offer other members as part of our mentoring program?:

What might be topics you'd be interested in learning about?:

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How did you hear about MTBG?: _____

What aspects of this Guild interests you the most?:

Business building seminars

Discounted CEU classes

Support/encouragement

Accessibility for clients looking for Practitioners

Professional reputation

Other: _____

ADVERTISING OPTIONS

As a MTBG member you automatically get a free listing as a Practitioner on our website. For an additional \$20 per year (\$1.67 per month) we'll add a link to your website and email address so clients can access you easier.

Please choose one:

Basic Listing (*Free with Membership*)

Linked Listing (*Additional \$20 annually with Membership. Available for "Expert" listings only.*)

Which certified modalities should be associated with your listing? (*Ex. sports massage, shiatsu, neuromuscular, reiki, trigger point, etc...*):

Your profile is accessible to clients from the "Find a Practitioner" page. Clients search by city and when they click your name a drop down window will open with your profile information. Changes can be made to your profile at any time by emailing us. A picture or logo can be included in your profile by sending it via email to info@MTBGuild.com.

How would you like your profile to read? (*Ex. who you like working with, education, experience, why you like your work, etc. This is a chance to convey why a new client should call you. Include appropriate phone number and business name. If you work at more than one business please feel free to use a separate sheet of paper if more space is needed*):



Which contact information would you like to be linked? ("Linked "Expert" listing only):

Email _____

Website _____

Both

INSURANCE BILLING SERVICE OPTION

Please contact me regarding MTBG's insurance billing services!

By checking the box to the left I am acknowledging my agreement to the following terms and conditions:

I verify that all information on this application is true and correct to the best of my knowledge. Should any false statements be made on this application or subsequent renewals, I understand that shall make this application void, terminate my membership with the MTBG and I may be subject to legal action. I understand that I enter this contract at my own risk and release the Massage Therapist and Bodyworkers' Guild from any and all liability. I accept responsibility to update my information as needed so that accurate records can be sustained. I verify that my license, certification and/or registration related to massage, bodyworks or somatic therapies has never been suspended or revoked and that no disciplinary action has been taken or is pending against me. I have never been accused of or charged for any sexual violations. I agree to abide by the MTBG Code of Ethics and that violating the Code of Ethics will result in the immediate termination of my MTBG membership and render all benefits of membership null and void. The fee for membership is \$45.00 per year and must be renewed annually. Each year fees are subject to change. Returned checks are subject to \$20.00 administration fee.

Applicant Signature: _____

Date: _____

MTBG Signature of Approval (for office use only): _____

Date: _____

~ Thank you very much for your interest in becoming a member! ~

Please do not print below this line. This section is for office use only. Thank you!

Multiple horizontal lines for office use only.