

Thank you for choosing membership with the Registered Massage Therapists' Association of Ontario as a Retired Member. Please complete each of the sections on this form as they will allow us to better serve you and to ensure that you get the most out of your membership.

** Denotes mandatory fields for enrolment*

SECTION 1: PERSONAL INFORMATION			
First Name*		Last Name*	
CMTO Reg. No		Date of Retirement	

SECTION 2: HOME CONTACT INFORMATION			
Address*			
City*	, ON	Postal Code*	
Telephone*		E-mail*	

IMPORTANT INFORMATION	
<input type="checkbox"/> Yes!	I would like to be listed on the Member Directory provided through RMTAO allowing fellow members to locate me through the RMTAO Website.
<input type="checkbox"/> Yes!	Stay Up To Date! - I would like to be included in all electronic correspondences from the RMTAO including notices of legislation and regulation changes, membership renewal, continuing education opportunities, The Friday File and updates on the advocacy work that my association is conducting.

SECTION 3: RETIRED MEMBER VALIDATION				
<i>Please answer each question.</i>			Yes	No
Are you a Registered Massage Therapist formerly registered with the College of Massage Therapists of Ontario?			<input type="checkbox"/>	<input type="checkbox"/>
Are you no longer practicing or no longer practicing in the Province of Ontario?			<input type="checkbox"/>	<input type="checkbox"/>
Have you previously been an Active or Associate member of the RMTAO for the past 10 years?			<input type="checkbox"/>	<input type="checkbox"/>
Signature		Date		

All of the information collected on this form will be used to update your RMTAO member data and for communications from the RMTAO in the management and administration of your benefits. All information will be maintained in the strictest of confidence in accordance with the RMTAO's Policy on Privacy. No information will be released to outside suppliers and/or advertisers without your prior consent. The RMTAO may, from time to time, provide members with information about other benefits or services available to them; however, this information will be sent directly from the RMTAO or its agents.

RMTAO RETIRED MEMBERSHIP

2022-2023 Membership Year

SECTION 4: RETIRED MEMBERSHIP FEES			
Included Benefits	<input checked="" type="checkbox"/>	Retired Membership <i>(Items below are included in Retired Membership)</i>	
	<input checked="" type="checkbox"/>	The Friday File (50 editions)	
	<input checked="" type="checkbox"/>	RMTAO Office Support	
	<input checked="" type="checkbox"/>	Member rate for RMTAO Publications	
	<input checked="" type="checkbox"/>	Member rate for RMTAO Education programming	
	<input checked="" type="checkbox"/>	Subscription to <i>Massage Therapy Today: Putting Knowledge into Practice</i>	
	<input checked="" type="checkbox"/>	Access to our Community Networks in Ontario	
	<input checked="" type="checkbox"/>	Access to the Online Resources	
	<input checked="" type="checkbox"/>	Free access to Perkopolis, a members only discount program	
	<input checked="" type="checkbox"/>	MT Software Discounts	
<input checked="" type="checkbox"/>	Discounts to TELUS Mobility Plans		
		\$69.99 (+ 9.10 HST)	\$79.09

SECTION 5: FLEX-MEMBERSHIP (ADDITIONAL BENEFITS AND SERVICES AVAILABLE)			
Optional Programs	<input type="checkbox"/>	Health Benefits Insurance Program Enrolment Fee	(\$24.00 + \$3.12 HST) \$27.12
	<input type="checkbox"/>	Home and Auto Insurance Program Enrolment Fee	(\$24.00 + \$3.12 HST) \$27.12
	<input type="checkbox"/>	Personal Insurance Program Enrolment Fee	(\$12.00 + \$1.56 HST) \$13.56
	<input type="checkbox"/>	GoodLife Fitness Program <i>(one year membership in GoodLife Fitness)</i>	(\$25.00 + \$3.25 HST) \$28.25
TOTAL (Section 4+5)			\$ ()

SECTION 6: PAYMENT	
Method of Payment – Pay by credit card (full payment is due upon receipt of application)	
<input type="checkbox"/> VISA or MasterCard	<input type="checkbox"/> Cheque made payable to the RMTAO enclosed
Card No. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Exp. <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> (Month / Year)
Card Holder's Name (Please print)	Card Holder's Signature

Thank you for being part of the RMTAO!

Registered Massage Therapists' Association of Ontario
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