

Thank you for choosing membership with the Registered Massage Therapists' Association of Ontario for the 2024-2025 membership year (October 1, 2024– October 1, 2025) as an Associate 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 Registration as Inactive				

SECTION 2: CONTACT INFORMATION						
Please indicate if	this is your:	Business Address	OR	Home	e Address	
Organization Name						
Position Title						
Address*						
City*			Postal Code	e*		
Telephone*			E-mail*			
IMPORTANT INFORMATION						
Yes!	I would like to be listed on the Member Directory provided through RMTAO allowing fellow members to locate me through the RMTAO Website.					
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: ASSOCIATE MEMBER VALIDATION					
Please answer each question.					No
Are you a Registered Massage Therapist currently or formerly registered with the College of Massage					
Therapists of Ontario?					
Are you no longer practicing or no longer practicing in the Province of Ontario?					
Have you previously been an Active or Student member of the RMTAO within the past 12 months?					
Are you a member of another Massage Therapist Association in Canada that adheres to a requirement for					
2200 hours of training or to its competency based equivalent?					
Are you a member in good standing of a Regulated Health Profession and its related Professional Association?					
Are you a Registered Massage Therapist employed on a part-time or full-time basis as an instructor, technician, teacher's assistant, clinic/outreach supervisor or administrator in a massage therapy program recognized by the Ministry of Training, Colleges and Universities?					
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.

SECTIO)N 4: /	ASSOCIATE MEMBERSHIP FEES					
Associate Membership							
V		ems below are included in Associate Membership)					
	Ø	RMTAO Membership Certificate					
	Ø	RMTAO Online Directory					
	\square	The Friday File (50 editions)					
	\square	Member rate for RMTAO Publications					
	\square	Member rate for RMTAO Education programming				\$157.06	
ncluded Benefits	V	Subscription to Massage Therapy Today: Putting Knowledge into Practice			138.99		
	V	View opportunities listed in the Career Centre, with reduced posting fees			(\$18.07 HST)		
nclı	$\overline{\square}$	Access to our Community Networks in Ontario					
"	\square	Access to the Online Resources					
	V	Free access to Perkopolis, a members only discount program					
	V	MT Software Discounts					
	V	Mark's work wear discounts					
	$\overline{\square}$	Access to TELUS Mobility Discounts					
SECTIO			L BENEFITS AND SERVICES AVAILABLE)				
_ s		Health Benefits Insurance Program Enrolment Fee		(\$24.00 + \$3.12 HST)		\$27.12	
ona ran		Home and Auto Insurance Program Enrolment Fee		(\$24.00 + \$3.12 HST)		\$27.12	
Optional Programs		Personal Insurance Program Enrolment Fee		(\$12.00 + \$1.56 HST)		\$13.56	
0 4		GoodLife Fitness Program (one			+ \$3.25 HST)	\$28.25	
				TOTA	L (Section 4+5)	\$	
		PAYMENT					
Method	d of P	ayment – Pay by credit card (full	payment is due upon receipt of application)	!			
□ VISA or MasterCard □ Cheque made payable to the RMTAO enclosed							
Card No. Exp. (Month / Y			/ Year)				
Card Ho	older'	s Name (Please print)	Card Holder's Signature				

Thank you for being part of the RMTAO!

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