



RMTAO MEMBERSHIP INVOICE 2017-2018 Membership Year

Thank you for choosing membership with the Registered Massage Therapists' Association of Ontario for the 2017– 2018 membership year (October 1st, 2017 to October 1st, 2018). If you do not wish to use the online portal at www.rmtao.com, please complete each of the sections on this form. Please be advised that the reduced rate for Professional Liability Insurance and the legal advice offer is only available through the online *Trisura Portal*.

** Denotes mandatory fields for enrolment*

SECTION 1: PERSONAL INFORMATION	
Please complete this entire section as it will allow us to better serve you and to ensure that you get the most out of your membership. Please print.	
First Name*	Last Name*
Date of Birth*	RMTAO Member No.
School of MT	Date of Graduation
CMTO Reg. No.* <small>(Not yet registered? Please leave blank)</small>	Registration Date
If this is your first time becoming a member of the RMTAO and a current member referred you, please let us know who encouraged you to join:	
Member Name	Member No.

SECTION 2: CONTACT INFORMATION	
Please indicate if this is your : Business Address <input type="checkbox"/> OR Home Address <input type="checkbox"/>	
Organization Name	
Position Title	
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. <i>(Please note, this directory is only accessible by fellow members and is not connected to RMTFind.com. To add yourself to RMTFind.com, please log on to the RMTAO website and select "My RMTFind.com Listing").</i>
<input type="checkbox"/> Yes!	Stay Up To Date! - I would like to be included in all electronic correspondences from the RMTAO including notices of expiration for my Professional Liability Insurance, legislation and regulation changes, membership renewal, continuing education opportunities, The Friday File and updates on the advocacy work that my association is conducting.

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.

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SECTION 3: FLEX- MEMBERSHIP (BUILD YOUR OWN PACKAGE) (Fees include 13% HST) – select all that apply:			
		Fee	Including tax
<input checked="" type="checkbox"/>	Active Membership* <i>(Active membership is required before being able to select any of the optional member services below.)</i>		
Included Benefits	<input checked="" type="checkbox"/> RMTAO Membership Certificate	\$110.00 (+ \$14.30 HST)	\$124.30
	<input checked="" type="checkbox"/> Create an online profile for the general public on RMTFind.com		
	<input checked="" type="checkbox"/> Access to Research Databases, CINAHL and MEDLINE		
	<input checked="" type="checkbox"/> Access to RMTAO Resources (Privacy Toolkit, The Contract Guide, HST Guideline and much more)		
	<input checked="" type="checkbox"/> Subscription to <i>Massage Therapy Today: Putting Knowledge into Practice</i>		
	<input checked="" type="checkbox"/> Access to <i>The Learning Curve</i> , the RMTAO Education Program		
	<input checked="" type="checkbox"/> Reduced Rate for membership with IN-CAM Research Network		
	<input checked="" type="checkbox"/> View opportunities listed in the Career Centre, with reduced posting fees		
	<input checked="" type="checkbox"/> 50 issues of <i>The Friday File</i> , our weekly newsletter		
	<input checked="" type="checkbox"/> Free access to Perkopolis, a members only discount program		
	<input checked="" type="checkbox"/> Find out about local Community Based Networks and join in discussions		
	<input checked="" type="checkbox"/> Access to TELUS Cell Phone Plan Discounts		
	<input checked="" type="checkbox"/> Access to Point of Sale Program Discounts		
RMTAO Optional Programs	<input type="checkbox"/> Professional and Commercial Gen. Liability Insurance (\$5 million aggregate coverage)	(\$94.99 + \$7.60 PST)	\$102.59
	<input type="checkbox"/> Acupuncture Modality Insurance (May only be purchased if PGL is purchased)	(\$150.00 + \$12.00 PST)	\$162.00
	<input type="checkbox"/> Ultrasound Modality Insurance (May only be purchased if PGL is purchased)	(\$75.00 + \$6.00 PST)	\$81.00
	<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 Accident Disability Insurance Program Enrolment Fee	(\$12.00 + \$1.56 HST)	\$13.56
	<input type="checkbox"/> Additional RMTFind Listing (each additional listing)	(\$12.00 + \$1.56 HST)	\$13.56
	<input type="checkbox"/> GoodLife Fitness Program (one year membership with GoodLife Fitness)	(\$450.00 + \$58.50 HST)	\$508.50
	<input type="checkbox"/> ClinicSense Practice Management Software Enrolment Fee	(\$25.00 + \$3.25 HST)	\$28.25
	<input type="checkbox"/> Massage manEdger Practice Management Software Enrolment Fee	(\$25.00 + \$3.25 HST)	\$28.25
	TOTAL		\$ ()

Section 5: 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 a part of the RMTAO!