



Registered Massage Therapists'
Association of Ontario

RMTAO ASSOCIATE MEMBERSHIP 2018-2019 Membership Year

Thank you for choosing membership with the Registered Massage Therapists' Association of Ontario for the 2018-2019 membership year (October 1, 2018 – October 1, 2019) 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 <input type="checkbox"/> OR Home Address <input type="checkbox"/>			
Organization Name			
Position Title			
Address*			
City*		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: ASSOCIATE MEMBER VALIDATION				
<i>Please answer each question.</i>			Yes	No
Are you a Registered Massage Therapist currently or 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 Student member of the RMTAO within the past 12 months?			<input type="checkbox"/>	<input type="checkbox"/>
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?			<input type="checkbox"/>	<input type="checkbox"/>
Are you a member in good standing of a Regulated Health Profession and its related Professional Association?			<input type="checkbox"/>	<input type="checkbox"/>
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?			<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.

Registered Massage Therapists' Association of Ontario
1243 Islington Ave, Suite 704
Toronto, ON M8X 1Y9

Join / Renew on-line
RMTAO.COM

Tel: 416-979-2010
Fax: 416-979-1144
E-mail: info@rmtao.com

RMTAO MEMBERSHIP INVOICE

2017-2018 Membership Year

SECTION 4: ASSOCIATE MEMBERSHIP FEES					
<input checked="" type="checkbox"/>	Associate Membership <i>(Items below are included in Associate Membership)</i>				
Included Benefits	<input checked="" type="checkbox"/>	RMTAO Membership Certificate		\$110.00 +HST (\$14.30 HST)	\$124.30
	<input checked="" type="checkbox"/>	Access to Research Databases, CINAHL and MEDLINE, for high-quality, full text journals			
	<input checked="" type="checkbox"/>	RMTAO Online Directory			
	<input checked="" type="checkbox"/>	The Friday File (50 editions)			
	<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"/>	View opportunities listed in the Career Centre, with reduced posting fees			
	<input checked="" type="checkbox"/>	Access to our Community Networks in Ontario			
	<input checked="" type="checkbox"/>	Access to the Online Reference Library			
	<input checked="" type="checkbox"/>	Free access to Perkopolis, a members only discount program			
	<input checked="" type="checkbox"/>	Reduced Rate for membership with IN-CAM Research Network			
	<input checked="" type="checkbox"/>	MT Software Discounts			
	<input checked="" type="checkbox"/>	Access to TELUS Mobility Discounts			

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>	(\$450.00 + \$58.50 HST)	\$508.50
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!

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