



# MEMBERSHIP APPLICATION

PO Box 1869, Evergreen, CO 80437 • 800-458-2267 • Fax: 800-667-8260 • Email: expectmore@abmp.com • Website: www.abmp.com

**1** Legal Name: \_\_\_\_\_ (First) (Last)

Preferred Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ To opt out of mailings from vendors, check here

Email: \_\_\_\_\_ (Only used for membership and benefits communications)

Website: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_

Business Phone: (\_\_\_\_\_) \_\_\_\_\_ (Required to participate in Massagetherapy.com's online referral service)

Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

Date of Birth: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Gender:  M  F

FOR ABMP USE ONLY	
<input type="checkbox"/> Docs Required	<input type="checkbox"/> Fax Return <input type="checkbox"/> Priority <input type="checkbox"/> Email
Member ID No. _____	Referral No. _____
<input type="checkbox"/> Cert	<input type="checkbox"/> Prof <input type="checkbox"/> Prac <input type="checkbox"/> Sup <input type="checkbox"/> SCP <input type="checkbox"/> Spec <input type="checkbox"/> BPP
AD ____/____/____	ED ____/____/____ School ID# _____
Check # _____	Amount Paid: _____
Clerk _____	Date: ____/____/____
<input type="checkbox"/> L <input type="checkbox"/> S Hours: _____	Contact: _____

**2 MEMBERSHIP OPTIONS** (Pricing is current as of February 2010 and is subject to change.)

**Certified Level** at \$229 for one year \$ \_\_\_\_\_

**Please choose designation:**

- \_\_\_\_\_ ABMP Certified Massage Therapist (ACMT)
- \_\_\_\_\_ ABMP Certified Bodywork Therapist (ACBT)
- \_\_\_\_\_ ABMP Certified Somatic Therapist (ACST)

**Professional Level** at \$199 for one year \$ \_\_\_\_\_

**Practitioner Level** at \$199 for one year \$ \_\_\_\_\_

**Supporting Level** at \$95 for one year (no liability insurance) \$ \_\_\_\_\_

**Additional Coverage Options**

**Skin Care Professional Coverage** — If you are also a qualified skin care professional and wish to be insured for that work:

Professional or Practitioner member: add \$60 per year \$ \_\_\_\_\_

Certified member: add \$30 per year \$ \_\_\_\_\_

**Business Personal Property** — \$10,000 Business Equipment Insurance (deductible: \$250; theft \$500)

Add \$95 per year \$ \_\_\_\_\_

**Extra Materials**

Copy of Insurance Policy \$10 \$ \_\_\_\_\_

**Processing** *subject to application being complete*

**Standard Processing** — NO EXTRA CHARGE (Please allow 7–10 days for receipt.)

**Rush Processing** —  One-Day Email or  Fax Service — \$15

Proof of insurance emailed or faxed to you within 24 hours of our receipt of application.

Email Address \_\_\_\_\_ (OR)

Fax#: (\_\_\_\_\_) \_\_\_\_\_ \$ \_\_\_\_\_

**Three-Day Priority Mail Service** (U.S. Only) — \$15 \$ \_\_\_\_\_

**TOTAL** \$ \_\_\_\_\_

**3 REFERRAL CREDIT (OPTIONAL)** Did someone refer you to ABMP?

- School (indicated in section 4) **OR**
- Another member, ABMP ID # \_\_\_\_\_

**4 TRAINING & LICENSE**

**COPY OF STATE LICENSE OR DOCUMENTATION OF TRAINING MUST ACCOMPANY APPLICATION. ORIGINAL DOCUMENTS CANNOT BE RETURNED.**

State of Licensure: \_\_\_\_\_ Lic. No. \_\_\_\_\_

School: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Length of Course: \_\_\_\_\_ hours Completion Date: \_\_\_\_\_

NCBTMB status: Currently Certified  Lapsed  Never Certified

**5 PAYMENT METHOD**

**DO NOT SEND CASH. A \$25 charge will be assessed on all returned checks. All fees must be paid in U.S. dollars. All fees paid to ABMP are nonrefundable once your application is accepted.**

- Check/Money Order
- Visa/MasterCard
- Discover
- AMEX

Name of Cardholder (required if different from applicant) \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

Card Number (please print clearly) Exp. Date 

--	--	--	--

 month year

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**6 SIGN & DATE** Your signature is required. Faxed and/or computer scanned signatures are considered legal and binding.

**I understand that membership fees paid by me to ABMP are nonrefundable, nontransferrable, and will not be prorated.**

I have completed the ABMP membership application accurately and honestly. I understand that ABMP members are required to maintain the highest standards of professional conduct and strictly adhere to the ABMP Code of Ethics. I have no knowledge of any incident, pending claim, suit, license suspension or revocation hearing or ethics violation, nor have any been filed against me in the past, pertaining to my practice as a massage, bodywork, or somatic therapies practitioner or skin care professional. I have never been the subject of any investigation, in connection with any sexual act, conduct, molestation and/or assault. I understand that my membership certificate will notify me that I have been added as an Individual Member with respect to the coverage and limits of the Master Policy and that the original Master Policy may be inspected at the offices of the Association or I may order a copy for a handling fee of \$10. I understand that the coverage provided by my membership certificate is subject to all terms, conditions, and exclusions contained in the Master Policy. Language in the Master Policy is governing. I further understand that ABMP provides liability insurance to qualified members and that the Insurance Company will rely on the information I have provided in this application. Failure to pay required dues and/or false statements made on this application or subsequent communications shall void this application, terminate membership, and render my insurance coverage null and void.

Signature Required \_\_\_\_\_ Date \_\_\_\_\_

## 7 MASSAGETHERAPY.COM'S ONLINE REFERRAL SERVICE—TECHNIQUE LISTING

Created as a fast, public referral service, Massagetherapy.com provides potential clients with a list of qualified massage and bodywork professionals in their geographic area.

I do not wish to have my name listed in Massagetherapy.com's online referral service.

I wish to have my name listed in Massagetherapy.com's online referral service.

If you wish to participate, please list up to five techniques for which you have been trained in order to be listed in Massagetherapy.com's online referral service.

**Proof of training must be included for each specialty. (Maximum of five.)**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

## 8 ADDITIONAL INSURED ENDORSEMENT

**DO NOT complete this section unless your landlord or employer requires this in your contract/lease.**

In accordance with standard insurance industry practice, ABMP will mail notice of membership expiration to all entities named as additional insureds on a member's policy. There is no charge for AIEs **(if requesting more than one AIE, attach additional sheet of paper with the same information requested below).**

Business Name: \_\_\_\_\_

Name of Owner: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Relationship to applicant: \_\_\_\_\_

Business Phone: (            ) \_\_\_\_\_ Fax: (            ) \_\_\_\_\_

## 9 EARN FREE MEMBERSHIP

ABMP members earn a \$20 referral credit for each **NEW** Certified, Professional, Practitioner, or Skin Care Professional level applicant who is accepted for membership in ABMP or ASCP. Be sure to fill in your ABMP ID number (Section 3, Referral Credit) on brochures you give out. Please order only enough brochures to meet your immediate distribution plans.

Send me \_\_\_\_\_ (# of) brochures to pass along to my associates.

**Associated Bodywork & Massage Professionals®**

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