



NYSSMMT "NEW" and "RENEWAL" Membership Application Form

Please print clearly and complete all applicable sections.

Name _____

Business Name _____

Address _____ Suite/Apt # _____ City _____ State _____ Zip _____

Business Telephone (____) _____ Email Address _____

Location(s) of Service (County / Borough) _____ Other Education/Degrees _____

NYS Massage License No. _____ Expiration Date of Registration _____ Year Issued _____

Note: Memberships are renewed every year on anniversary date. A renewal notice will be sent 30 days prior. New members accepted throughout the year.

Membership Dues – Please Mark One: *** NEW MEMBERSHIP _____ RENEWAL MEMBERSHIP _____

----- Active Professional Membership \$125

Subscription period: 1 year. Active member is licensed in Massage Therapy by the State of NY. When accepted into the society, they shall enjoy full membership privileges.

----- Affiliated Membership \$125

Subscription period: 1 year. Affiliated membership is granted to anyone who belongs to a medical or paramedical profession, as well as any Massage Therapist living 'outside' the State of NY or - not practicing in NYS. Affiliated members shall enjoy all privileges of membership 'except' for voting. *Note: If living / practicing outside of NY State and hold a NY State Massage license, you are eligible for Active Professional Membership (see above.)

----- Corporate / Business / School Membership \$125

Includes Teachers & Spa's. Subscription period: 1 year.

----- Senior Membership \$75

Subscription period: 1 year. Any member who has reached his/her 65th birthday shall be honored with a senior membership and allowed the privilege of a reduction in his/her yearly dues.

----- Massage Student Membership \$60

Subscription period: 1 year. This status is open to any student currently enrolled in a NY State Dept. of Education Massage Therapy program. Graduates not yet licensed will still be categorized as student members. Note: Student will be considered for Active Professional Membership 'after' passing The New York State licensing examination.

Massage School Name: _____

*** **All New Members MUST Complete:** Date of Birth (month/year) _____ Massage School Graduation Date: _____

Massage School Attended: _____ Years in Practice: _____

Please list two (2) references (LMT, massage teacher, health care professional)

1) Name/full address/ phone: _____

2) Name/ full address/ phone: _____

Method of Payment – Please Check One: _____ Check or Money Order - Payable to: NYSSMMT _____ Amex _____ Visa _____ MasterCard

Print Name on Credit Card _____ Amount \$ _____

Card # _____ - _____ - _____ - _____ Expiration Date _____

Full Address of cardholder _____ Security 3/4 digit Code# Back of Card _____

Signature _____ Date _____

ALL MEMBERS PLEASE SIGN: As a member, I agree to support and abide by the Society's Bylaws and Code of Ethics.

Signature: _____ Date: _____

MAIL FORM TO: THE NEW YORK STATE SOCIETY OF MEDICAL MASSAGE THERAPISTS, INC.

P.O. BOX 442, Bellmore, New York 11710-0442

1-877-NYSSMMT (697-7668) / www.NYSMassage.org

NYSSMMT Members Note: Professional Malpractice / Liability Insurance is available at a discounted rate with two policies.

Go to the NYSSMMT website: www.NYSmassage.org. Fill out insurance form and pay insurance fee directly to each company.

* **Massage Magazine (MMIP):** Full Coverage policy with special benefits --- * **American Massage Council (AMC):** Basic Coverage policy