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APPLICATION FOR STUDENT MEMBERSHIP

Contact Information (please print)

Surname: _____ First name: _____ Initial: _____

Street/Unit/Suite/Apt#: _____

City: _____ Province: _____ Postal Code: _____

Telephone: _____ Cell: _____

Fax: _____ E-mail: _____

Date of birth (answer optional): ____ / ____ / ____ (dd/mm/yyyy)

Education:

Name of massage therapy school you are attending: _____

Expected Graduation date: _____
(Day) (Month) (Year)

Declaration

You are required to answer the following questions

1. I am at least nineteen years of age. Yes or No (if No, see below)
2. Have you ever been convicted or charged with, and not found guilty or acquitted of a criminal offence? Yes or No
3. Has there ever been a finding of professional misconduct, incompetence or incapacitation or any like finding in relation to the profession or another health profession? Yes or No
4. Is there a current proceeding against you involving an allegation of professional misconduct, incompetence, or incapacitation or any like finding in relation to your practice of massage therapy or another health profession?
 Yes or No

I hereby authorize the Association of New Brunswick Massage Therapists to make such inquiries about me as it considers appropriate in connection with this application. I

understand that I am deemed not to have satisfied the standards and qualifications for a certificate of registration if, in connection with this application or past applications, I have made false or misleading representation either because of what I have stated or because of what I have not stated.

Applicant's Full Name (please print)

_____ Date: ____ / ____ / _____ (dd/mm/yyyy)
Applicant's Signature

If you have not reached the age of nineteen, the age of majority in New Brunswick, this application needs to be countersigned by a parent or legal guardian

Full Name of Parent or Legal Guardian (please print)

_____ Date: ____ / ____ / _____ (dd/mm/yyyy)
Signature of Parent or Legal Guardian

Student Membership is FREE!