



ANBMT
P.O. Box 323
Stn "A"
Fredericton NB
E3B 4Y9
Tel: (506) 452-6972
Fax: (506) 451-8173
Email: anbmt@anbmt.ca
Website: www.anbmt.ca

LIFE MEMBER APPLICATION FORM

Life Membership

To become a Life Member, an individual shall:

- a) have been a member of the Association for at least twenty (20) years;
- b) be a Registered Massage Therapist;
- c) be a current member in good standing of the Association and College;
- d) be a Practising Member; and
- e) **complete a Life Member application.**

Please state preferred mailing address

- Home Business/Employment

ANBMT#: _____

Please state principal mailing address

***Place you reside for the majority of the time**

- Home Business/Employment

Please state preferred language

- English French

Home Address (please print) **NO CHANGE (highlight or indicate ANY changes below)**

First Name:

Last Name:

Street Address:

City:

Province:

Postal Code:

Phone:

Cell phone:

Fax:

Email:

Business/Employment Address (please print) **NO CHANGE (highlight or indicate ANY changes below)**

All members are responsible to make changes to their business information in the referral map (not mandatory)

Name of Business:

Street Address:

City:

Province:

Postal Code:

Phone:

Cell phone:

Fax:

Email:

Website:

I agree to notify the **Association** of any changes in my personal contact information within thirty (30) days of such change. **(Please check the box to indicate agreement)**

I agree to notify the **Association** of any changes of registered status with my massage therapy regulatory college within thirty (30) days of such change. **(Please check the box to indicate agreement)**

Membership Fees

Life Member: \$0.00

LM Professional Liability Insurance: \$108.00

Insurance Registration You can find additional information about these insurance policies and an application form by visiting the ANBMT website at www.anbmt.ca, “Forms”/“Insurance Registration/Renewal” section and by clicking on “Lackner McLennan.”

If you currently have Liability Insurance with a provider other than Lackner McLennan Ltd. please fill out the following and include a copy the insurance policy. (please print)

I hereby certify that I have \$ _____ liability insurance with _____ which is valid until _____ (expiry date).

Information about the Insurance Company

Company Name: _____

Contact Name: _____

Phone Number: _____

Policy Number: _____

Please fill out the information below and send the **combined payment** including membership renewal and Lackner McLennan insurance to the ANBMT.

Total Payment (please add the appropriate amounts in the table below)

Type	Amount (\$)	Total Payment (\$)
ANBMT Life Member	0.00	
LM Professional Liability	108.00	
LM Insurance Additional Modality	(Please specify)	
Total Payment (\$)		

Refund Policy

1. The ANBMT’s member fees are fully retained and non-refundable—with the exception of *extraordinary* circumstances and at the discretion of the Board of Directors.
2. The professional liability insurance (PLI) premium is fully retained by Lackner McLennan Insurance (LMI) and non-refundable.
3. A \$5.00 administration fee is added to the PLI premium for administering the ANBMT’s PLI program. This fee is fully retained by the ANBMT.
4. PayPal Fee—A transaction fee is included by PayPal when using this method (credit card payment). The ANBMT is unable to process direct credit card payments. If a refund is requested and granted, the refund will be based on the amount paid less the PayPal transaction fee.
5. There will be a \$20.00 administration fee included for cheques that are returned to the ANBMT “NSF” (non-sufficient funds).

Member Fees and Professional Liability Insurance (PLI) Premiums

- 1) The ANBMT's membership year commences on October 1 and ends on September 30 of the following year.
- 2) All fees are to be paid directly to the ANBMT.
- 3) Member fees and PLI premiums prorate each month after October 1.
- 4) Payment plans may be granted in extenuating circumstances. The Board of Directors will make a determination if an extension is to be granted.
- 5) Payment plans are not permitted for professional liability insurance (PLI) coverage. This fee is collected on behalf of the RMT. It is withheld and then given to Lackner McLennan Insurance Ltd (LMI) on behalf of the RMT.
- 6) The ANBMT is unable to process direct credit card payments.
- 7) Accepted payment methods are:
 - a. Electronic transfer (E-transfer);
 - b. PayPal (credit card payments);
 - c. Cheque; or
 - d. Money Order

Important Notes Regarding Payment

- Payment within Canada may be done using a personal cheque or money order. If your payment comes from outside of Canada (e.g. United States), please make the payment using a money order in \$can (Canadian banks do not accept foreign personal cheques).
- E-transfer your fees directly to us (membership & insurance—all one payment). Send to the ANBMT's email address anbmt@anbmt.ca for the transfer. Please indicate the security question to be your ANBMT#.
- Pay your fees using PayPal (only credit card option), please go to the ANBMT website at www.anbmt.ca and go to *Members* and *Online Payment* where you will find a fee table outlining the different fee options. Please click on *Buy Now* in the column on the right-hand side of the fees table in the appropriate row and follow the instructions. ***Please also forward your membership renewal form indicating that you have paid using PayPal.***

Declaration

To the absolute best of my knowledge, I have been a member of the Association of New Brunswick Massage Therapists Inc. (ANBMT) for at least twenty (20) years and to the absolute best of my knowledge the inception date of my initial membership with the ANBMT is as indicated below.

_____ / _____ / _____ (dd/mm/yyyy)

***If you aren't certain of the exact date—please use your best approximate date.**

Applicant's Full Name (please print)

Applicant's Signature

_____ / _____ / _____ (dd/mm/yyyy)