

PROVISIONAL MEMBER APPLICATION FORM

Please state preferred mailing address

- Home Business/Employment

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)

First Name:

Last Name:

Street Address:

City:

Province:

Postal Code:

Phone:

Cell phone:

Fax:

Email:

Business/Employment Address (please print)

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)**

Please Provide a Copy of the Following

- CPR/First Aid Certification (copy)
 - Criminal Record Check (copy)
 - Proof of Graduation OR Proof of Membership in a College of Massage Therapy, if applicable (copy)
 - OSCE & MCQ Results (PDF confirmation letters) *New Brunswick Applicants Only
 - Two pieces of government-issued identification (one piece must be *photo* identification)
 - Insurance Application Form OR Proof of insurance coverage (copy of policy), if applicable
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Membership Fees

See table below. Payment options: Cheque, Money Order, or PayPal (only credit card option)
E-transfer your member fees directly to us (membership & insurance—all one payment). Use the ANBMT's email address anbmt@anbmt.ca for the e-transfer. Make a note that the payment is for you (include your name and address). Or send a cheque, money order, or pay online using PayPal.

Insurance Registration

You can get additional information about these insurance policies 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 **please fill out the following and include a copy of current 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 (Choose the appropriate amounts in the Table below)

ANBMT MEMBERSHIP FEES + PROFESSIONAL LIABILITY INSURANCE (PLI)				
*The ANBMT’s membership year begins on October 1 and ends on September 30 of the following year.				
Month of Initial Membership	ANBMT Membership Fees (\$)	Lackner McLennan Professional Liability Insurance (PLI) Fees (\$)	Insurance Program Administration Fee (\$)	ANBMT Member Fees + Professional Liability Insurance Fees (\$)
October*	\$195.00*	\$108.00*	\$5.00*	\$308.00*
November	\$178.75	\$99.00	\$5.00	\$282.75
December	\$162.50	\$90.00	\$5.00	\$257.50
January	\$146.25	\$81.00	\$5.00	\$232.25
February	\$130.00	\$72.00	\$5.00	\$207.00
March	\$113.75	\$63.00	\$5.00	\$181.75
April	\$97.50	\$54.00	\$5.00	\$156.50
May	\$81.25	\$45.00	\$5.00	\$131.25
June	\$65.00	\$36.00	\$5.00	\$106.00
July	\$48.75	\$27.00	\$5.00	\$80.75
August	\$32.50	\$25.00	\$5.00	\$62.50
September	\$16.25	\$25.00	\$5.00	\$46.25

Total Payments: (Please add the appropriate amounts in the Table below)

Type	Amount (\$)	Total Payment (\$)
ANBMT Provisional Membership	See Table	
LM Liability	See Table	
LM Insurance for Additional Modality	Request Amount	
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 member 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

You are required to answer the following questions

1. Have you ever been convicted or charged with, and not found guilty or acquitted of a criminal offence? Yes or No
2. 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
3. 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

4. After becoming a member in a College and/or an Association of Massage Therapy, has there ever been a time when you were not a member in good standing in this College and/or Association? Yes or No or N/A

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 application, I have made false or misleading representation, either because of what was I stated or left un-stated.

Date: _____ / _____ / _____ (dd/mm/yyyy)

Applicant's Full Name (please print)

Applicant's Signature