



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

## INITIAL MEMBERSHIP REGISTRATION FORM

### Please state preferred mailing address

- Home     Business/Employment

### Please state preferred language

- English     French

### Home Address (please print)

- Mr     Mrs     Miss     Ms

First Name:

Last Name:

Street Address:

City:

Province:

Postal Code:

Phone:

Cell phone:

Fax:

Email:

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### Business/Employment Address (please print)

Name of Business:

Street Address:

City:

Province:

Postal Code:

Phone:

Cell phone:

Fax:

Email:

Website:

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### **Referral Service**

This is a service offered to our members, which provides them with free advertising. This referral service and directory can be found on the ANBMT website ([www.anbmt.ca](http://www.anbmt.ca)) by clicking on the appropriate Healthcare Region on the map of New Brunswick.

**Please check the appropriate box or boxes to indicate which information you would like to have included on the referral map:**

- Please do not include me on the map
- Please include ONLY my name and \_\_\_\_\_
- Please include my home information as indicated above
- Please include my business/employment information as indicated above

### **Please Provide a Copy of the Following**

- CPR/First Aid Certification
  - Criminal Record Check
  - Proof of Graduation OR Proof of Membership in a College of Massage Therapy, if applicable
  - OSCE & MCQ Results (confirmation letters)
  - 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)  
**You can NOW e-transfer your member fees directly to us (membership & insurance—all one payment)! Just use the ANBMT's email address [anbmt@anbmt.ca](mailto:anbmt@anbmt.ca) for the 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](http://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)

<b>Month of Initial Membership</b>	<b>ANBMT Membership Fees (\$)</b>	<b>Lackner McLennan Liability and Malpractice Insurance Fees (\$)</b>	<b>ANBMT Membership Fees with Lackner McLennan Liability and Malpractice Insurance Fees (\$)</b>
January	146.25	80.00	226.25
February	130.00	71.00	201.00
March	113.75	64.00	177.75
April	97.50	55.00	152.50
May	81.25	47.00	128.25
June	65.00	38.00	103.00
July	48.75	30.00	78.75
August	32.50	30.00	62.50
September	16.25	30.00	46.25
<b>October *</b>	<b>195.00*</b>	<b>105.00*</b>	<b>300.00*</b>
November	178.75	97.00	275.75
December	162.50	89.00	251.50

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

<b>Type</b>	<b>Amount (\$)</b>	<b>Total Payment (\$)</b>
ANBMT Active Membership	See Table	
LM Liability	See Table	
LM Insurance for Acupuncture	200.00	
LM Insurance for Ultrasound	NO FEE	
<b>Total Payment (\$)</b>		

**IMPORTANT NOTES REGARDING PAYMENT:**

- Please make ALL fees payable to ANBMT, including Lackner McLennan Ltd. Professional Liability insurance fees. This is a combined payment.
- There will be a \$20.00 administration fee charged for cheques that are returned to the ANBMT “NSF” (non-sufficient funds).
- Payment within Canada may be done using a personal cheque. 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).
- You can NOW e-transfer your member fees directly to us (membership & insurance—all one payment)! Just use the ANBMT's email address [anbmt@anbmt.ca](mailto:anbmt@anbmt.ca) for the transfer.
- If you would like to pay your fees using PayPal (only credit card option), please go to the ANBMT website at [www.anbmt.ca](http://www.anbmt.ca) and go to *Members* and *Online Payment* where you will find a fees 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. *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 unstated.

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (dd/mm/yyyy)

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Applicant's Full Name (please print)

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Applicant's Signature