Associated Bodywork & Massage Professionals®

MEMBERSHIP APPLICATION



PO Box 1869, Evergreen, CO 80437 • 800-458-2267 • Fax: 800-667-8260 • Email: expectmore@abmp.com • Website: www.abmp.com

1	* Required										
	*Legal Name:(First) (Last)					BMP U					
	Preferred Name:			Member ID No.							
	*Mailing		5	TRAINING	& LICENS	E					
	Address:		COF	PY OF STATE LICE	ENSE OR DOCU	JMENTAT	TON OF	TRAINING	MUST	ACCO	MPANY
	*City:State:			APPLICATI	ON. ORIGINAL	DOCUM	ENTS C	ANNOT BE	RETUR	RNED.	
	*Zip: To opt out of mailings from vendo	rs, check here	State	of Licensure: _		Lic. No	·				
	*Email:		Schoo	l:							
	Website:		City:_					_ State:			
	*Primary Phone: ()	☐ Landline ☐ Mobile	Zip: _	Ph	one: ()					
	Secondary Phone: ()	Landline	Length	n of Course:	ho	urs	Comp	letion Da	te:		
	*Date of Birth: *Gender: □	ом □ ғ	6	PAYMENT	METHOD	retur	ned checks	ND CASH. A \$2 s. All fees must	t be paid in	n U.S. dollars	s. All fees paid
2	MEMBERSHIP OPTIONS (Pricing is current as 2012 and is subject t	of December	□ Che	ck/Money Orde	er □ Visa/M			nonrefundable Discov			•
	Certified Level at \$229 for one year Please choose designation:	\$									
	ABMP Certified Massage Therapist (ACMT)		Name	& address of car	dholder (requir	ed if diffe	erent fro	m applica	ınt)		
Ф	ABMP Certified Bodywork Therapist (ACBT)		Signat	ure:							
lect one	ABMP Certified Somatic Therapist (ACST)		Phone	e: () _							
sele	Professional Level at \$199 for one year	\$									
	Practitioner Level at \$199 for one year	\$	Card N	Number (please	print clearly)						
	Supporting Level at \$95 for one year (no liability insurance)	\$		CVV			E	Exp. Date	month	n yea	ar
	Business Personal Property (Optional) (All losses are subject to a \$250 deductible; theft/burglary losses are subject to a \$500 deductible – please see insurance policy for more information.) We will forward your request to the insurance company for review and processing.		As a cond optional E that (1) no or indicat violation o	PRACTICE dition for membership a Business Personal Propo o malpractice or neglig ion suggesting a claim of law other than a min	and the insurance co erty coverage), by n ence allegation has may be made or the	overage pro ny signature ever been a at my care (/acknowle asserted a caused ha	edgement belo gainst me, no arm: (2) I have	ow, I also or has ther never be	represent a re ever bee en convicte	and warrant en any event ed of anv
	Add \$95 per year—\$10,000 Business Equipment Insurance	\$		ne or my license.	ATE						
optional	Add \$250 per year—\$25,000 Business Equipment Insurance Additional Profession Skin Care Professional Membership—If you are also a qualified skin care professional and wish to be supported in and insured for that work, you have the ability to join both ABMP and our sister organization, Associated Skin Care Professionals, for a single, combined membership fee:	acknowled Documer copies of Bodywork (ASCP), A nontrans	SIGN & D. ship Terms: Signat degements are considute electronically and in y Insurance Policy k and Massage Profese ferable, and will not boons, Associated Body	ure is required. Fered legal and binunderstand that I represented the I represented that I represented the I represented	ding. I cons may withdra erstand tha nd/or its sul I Associate o elected to	sent to yo aw that co t member bsidiaries d Nails Pr o become	ou providing ronsent at any rship fees pas Associated strofessionals (e.g., member of a me	me with m y time and id by me Skin Care (ANP) are of any/all	my Insurand d request per to Associa e Profession e nonrefunct of our affili	ce Policy paper ated nals dable, liated	
	Professional or Practitioner member: add \$60 per year	\$	(ASCP), A	Associated Hair Profes any/all of my selected	ssionals (AHP) and	Associated	l Nail Prot	fessionals (A	NP) my te	erms agree	ement
	Certified member: add \$30 per year	but that I	ship may include asso may continue to rece	eive transactional a	ınd informa	tional em	nails related t	to my sub	oscription.	I agree	
	TOTAL	\$	As a con	oublisher is responsib dition of ABMP Certifi that I will complete 1	ed membership, if	selected a	s part of	my members	ship, my s	signature a	also
3	Do you currently, or do you intend to, practice hot stone mass (If yes, read your confirmation email for additional instruction additional fee.) ☐ Yes ☐ No	age/therapies? s. There is no	of my pe I have understa professio the insur- optional I	that I will complete I resonal information, in e completed the ABM nd that ABMP/ASCP/, nal conduct and stric ance coverage provid Business Personal Pro surance policy/policie	cluding my email a P/ASCP/AHP/ANP AHP/ANP members tly adhere to the A ed to me through i operty coverage) is	iddress, wil membersh s are requir BMP/ASCP my ABMP/A subject to	II be gove ip applica red to mai VAHP/ANI ASCP/AHF all terms,	erned by the a ation honestly intain the hig P Codes of E P/ANP memb , conditions,	ABMP Pri	ivacy Policy curately. I ndards of nderstand noluding th usions con	that ne ntained
4	REFERRAL CREDIT (OPTIONAL) Did someone refer	you to ABMP?	such cov Failure to	erage will rely on the pay any membership . False statements or	information and re dues will result in	presentation termination	ons made on of men	in this mem	bership a l loss of n	application. my insuran	ice

☐ School (indicated in section 4)

☐ Another member, name or member ID #

Signature Required

I accept the terms of the application.

may void this application and result in termination of membership and loss of my insurance coverage.

	SERVICE—TECHNIQUE LISTING
	com provides potential clients with a list of qualified massage and nber, you receive your own page on the referral service. You can o log in will be included in your new member packet.
☐ I wish to have my name listed in Massagetherapy.com's	online referral service.
Choose one phone number to use on the referral service li	isting at Massagetherapy.com: \square primary phone \square secondary phone
☐ I do not wish to have my name listed in Massagetherapy	com's online referral service.
Please list up to 10 techniques for which you have been traservice.	ained in order to be listed in Massagetherapy.com's online referral
Proof of training must be included for each specialty	. (Maximum of 10.)
1	6
2	7
3	8
4	9
5	10
10	
ADDITIONAL INSURED ENDORSEMENT DO NOT complete this section unless vo	our landlord or employer requires this in your contract/lease.
	e AIE, attach an additional sheet with the same information requested
below.)	FAIL, attach an additional sheet with the same information requested
Business Name:	
Name of Owner:	
Business Address:	
Email:	
Email:	
-	State:
City:	
City: Relationship to ap	State:
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City: Relationship to ap	State:plicant:
City: Relationship to app Business Phone: () 1	State: plicant: Fax: () ertified, Professional, Practitioner, or Skin Care Professional level applicant re to fill in your ABMP ID number (Section 4, Referral Credit) on brochures you
City: Relationship to apply Business Phone: () 1	State: plicant: Fax: () ertified, Professional, Practitioner, or Skin Care Professional level applicant re to fill in your ABMP ID number (Section 4, Referral Credit) on brochures you immediate distribution plans.

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