JOIN

Associated Bodywork & Massage Professionals

Student Membership Application

01/14

or join online at ABMP.com

personal information

*Legal Name: _____
(First) (Last)

Preferred Name: _____

*Mailing Address: _____

*City: _____ *State: _____

*Zip: _____

*Email: _____

Website: _____

*Primary Phone: (_____) _____ ☐ Landline ☐ Mobile

Secondary Phone: (_____) _____ ☐ Landline ☐ Mobile

*Date of Birth: _____ - _____ - _____ *Gender: ☐ M ☐ F

Required

training

School Name _____

City _____

State _____ Zip _____

Phone ( ) _____

Length of Course_____ hours

Start Date ____ /____ /____

Expected Graduation Date ____ /____ /____

ABMP student membership liability insurance provides coverage only while you are enrolled in school. The insurance does not cover you if you practice for compensation, or when you have completed your training.

Referral Credit School/ABMP member ID # _____

Credit given to student's school upon student upgrade to a Certified, Professional, or Practitioner level of membership.

On occasion, ABMP rents its mailing list to qualified vendors who are interested in promoting their products and services to members. If you do not wish to receive these offers, please check here. ☐

THIS BOX FOR ABMP USE ONLY Member ID No._____

membership

Student Membership

Up to 12 months in school *or* until completion of training, whichever comes first. $ 45

Membership is renewable, provided you remain in school and are not practicing for compensation.

payment

Processing *(subject to application being complete)*

After your membership is processed, your certificate of insurance will be available online in your www.abmp.com account and you will have access to exclusive member benefits. **Please provide your email address so we can email you confirmation that your application has been processed.** You'll also receive a membership packet by mail.

TOTAL $ 45

Do not remit payment in cash. Returned checks subject to $25 fee.

☐ Check/Money Order ☐ Visa ☐ MC ☐ AmEx ☐ Discover

Cardholder's Name _____

Signature _____

Phone _____
only required if different from applicant

Card Number _____

Exp.____ /_____ CVV_____

ABMP Student members are eligible for a special first-year rate after completion of training—$150 for Practitioner or Professional membership, $180 for Certified membership.

history

Prior History: As a condition for membership and insurance coverage, by my signature below, I also represent and warrant that (1) no malpractice or negligence allegation has ever been asserted against me, nor has there ever been any event or indication suggesting a claim may be made or that my care caused harm; (2) I have never been convicted of any violation of law other than a minor traffic offense; and (3) no agency or association has investigated or taken any action against me or my license.

sign & date

Membership terms: Your signature is required. Faxed, computer scanned signatures, and/or electronic acknowledgements are considered legal and binding. I consent to you providing me with Insurance Policy Documents electronically and understand that I may withdraw that consent at any time and request paper copies of my Insurance Policy Documents.

I understand that membership fees paid by me to ABMP are nonrefundable, nontransferable, and will not be prorated.

I have completed the ABMP membership application honestly and accurately. I understand that ABMP members are required to maintain the highest standards of professional conduct and strictly adhere to the ABMP Code of Ethics. I understand that the insurance coverage provided to me through my ABMP membership is subject to all terms, conditions, and exclusions contained in that insurance policy. I understand that the insurance companies providing such coverage will rely on the information and representations made in this membership application. Failure to pay any membership dues will result in termination of membership and loss of insurance coverage. False statements or representations made in this application or subsequent communications may void this application and result in termination of membership and loss of insurance coverage.

X _____

Signature required Date

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