



# MEMBERSHIP APPLICATION

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

**1** Legal Name: \_\_\_\_\_  
(First) (Last)

Preferred Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ To opt out of mailings from vendors, check here

Email\*: \_\_\_\_\_  
(Only used for membership and benefits communications)

Website: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_

Referral Phone\*: (\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_

Date of Birth: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Gender:  M  F

\*Email or referral phone required to participate in Massagetherapy.com's online referral service.

**2 MEMBERSHIP OPTIONS** (Pricing is current as of January 2012 and is subject to change.)

**Certified Level** at \$229 for one year \$ \_\_\_\_\_

**Please choose designation:**

\_\_\_\_\_ ABMP Certified Massage Therapist (ACMT)

\_\_\_\_\_ ABMP Certified Bodywork Therapist (ACBT)

\_\_\_\_\_ ABMP Certified Somatic Therapist (ACST)

**Professional Level** at \$199 for one year \$ \_\_\_\_\_

**Practitioner Level** at \$199 for one year \$ \_\_\_\_\_

**Supporting Level** at \$95 for one year (no liability insurance) \$ \_\_\_\_\_

**Additional Coverage Options**

**Skin Care Professional Coverage**—If you are also a qualified skin care professional and wish to be insured for that work:

Professional or Practitioner member: add \$60 per year \$ \_\_\_\_\_

Certified member: add \$30 per year \$ \_\_\_\_\_

**Business Personal Property**—(deductible: \$250; theft \$500)

Add \$95 per year—\$10,000 Business Equipment Insurance \$ \_\_\_\_\_

Add \$250 per year—\$25,000 Business Equipment Insurance \$ \_\_\_\_\_

**TOTAL** \$ \_\_\_\_\_

**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 above so we can email you confirmation that your application has been processed.** You'll also receive a membership packet by mail.

**3** Do you currently, or do you intend to, practice hot stone massage/therapies?  
 Yes  No

**4 REFERRAL CREDIT (OPTIONAL)** Did someone refer you to ABMP?

School (indicated in section 4) **OR**

Another member, ABMP ID # \_\_\_\_\_

**FOR ABMP USE ONLY**

Member ID No. \_\_\_\_\_

**5 TRAINING & LICENSE**

**COPY OF STATE LICENSE OR DOCUMENTATION OF TRAINING MUST ACCOMPANY APPLICATION. ORIGINAL DOCUMENTS CANNOT BE RETURNED.**

State of Licensure: \_\_\_\_\_ Lic. No. \_\_\_\_\_

School: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Length of Course: \_\_\_\_\_ hours Completion Date: \_\_\_\_\_

NCBTMB status: Currently Certified  Lapsed  Never Certified

**6 PAYMENT METHOD**

**DO NOT SEND CASH. A \$25 charge will be assessed on all returned checks. All fees must be paid in U.S. dollars. All fees paid to ABMP are nonrefundable once your application is accepted.**

Check/Money Order  Visa/MasterCard  Discover  AMEX

Name & address of cardholder (required if different from applicant) \_\_\_\_\_

Signature: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

Card Number (please print clearly) \_\_\_\_\_ Exp. Date 

		month	year

\_\_\_\_\_

**7 SIGN & DATE**

If you selected optional insurance coverage for skin care practice, you will be included as a member of our sister organization, Associated Skincare Professionals (ASCP), and your terms agreement applies to both organizations.

**Membership terms: Your signature is required.** Faxed, computer scanned signatures, and/or electronic acknowledgements are considered legal and binding.

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. As a condition for my membership in ABMP and for receiving insurance coverage, I 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; (3) no agency or association has investigated or taken any other action against me or my license. I understand that the insurance coverage provided to me through my ABMP membership is subject to all terms, conditions, and exclusions contained in the insurance policy, the language of which is completely controlling as to all matters relating to my coverage. I further understand that the insurance companies providing me such insurance coverage will rely on the information that I have provided in this application. Failure to pay any dues/premiums and/or false statements or representations made in this application or subsequent communications shall void this application, terminate membership, and render my insurance coverage void.

Signature Required \_\_\_\_\_ Date \_\_\_\_\_

## 7 MASSAGETHERAPY.COM'S ONLINE REFERRAL SERVICE—TECHNIQUE LISTING

Created as a fast, public referral service, Massagetherapy.com provides potential clients with a list of qualified massage and bodywork professionals in their geographic area. As a member, you receive your own page on the referral service. You can detail your listing at [www.abmp.com](http://www.abmp.com). Instructions on how to log in will be included in your new member packet.

I do not wish to have my name listed in Massagetherapy.com's online referral service.

I wish to have my name listed in Massagetherapy.com's online referral service.

If you wish to participate, you must provide an email address or a referral phone on the front of this form. Please list up to 10 techniques for which you have been trained in order to be listed in Massagetherapy.com's online referral service.

**Proof of training must be included for each specialty. (Maximum of 10.)**

- |          |           |
|----------|-----------|
| 1. _____ | 6. _____  |
| 2. _____ | 7. _____  |
| 3. _____ | 8. _____  |
| 4. _____ | 9. _____  |
| 5. _____ | 10. _____ |

## 8 ADDITIONAL INSURED ENDORSEMENT

DO NOT complete this section unless your landlord or employer requires this in your contract/lease.

In accordance with standard insurance industry practice, ABMP will mail notice of membership expiration to all entities named as additional insureds on a member's policy. There is no charge for AIEs. **(If requesting more than one AIE, attach an additional sheet with the same information requested below.)**

Business Name: \_\_\_\_\_

Name of Owner: \_\_\_\_\_

Business Address: \_\_\_\_\_

Email: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Relationship to applicant: \_\_\_\_\_

Business Phone: (            ) \_\_\_\_\_ Fax: (            ) \_\_\_\_\_

## 9 EARN FREE MEMBERSHIP

ABMP members earn a \$20 referral credit for each **NEW** Certified, Professional, Practitioner, or Skin Care Professional level applicant who is accepted for membership in ABMP or ASCP. Be sure to fill in your ABMP ID number (Section 4, Referral Credit) on brochures you give out. Please order only enough brochures to meet your immediate distribution plans.

Send me \_\_\_\_\_ (# of) brochures to pass along to my associates.

**Associated Bodywork & Massage Professionals®**

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