Associated Bodywork & Massage Professionals
Student Membership Application

Incomplete applications cannot be processed. Please print in blue or black ink.

1271 Sugarbush Drive
Evergreen, CO 80439-9766
www.abmp.com
expectmore@abmp.com
800-458-2267 • fax 800-667-8260

personal information

Legal Name _____

Address _____

City _____

State _____ Zip _____

Telephone ( ) _____

Date of Birth ____ /____ /____ Gender ❑ M ❑ F
month day year

E-mail _____@_____

training

School Name _____

ABMP School ID No. _____

City _____

State _____ Zip _____

Phone ( ) _____

Length of Course _____ hours

Start Date ____ /____ /____

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.

Referral Credit

School/ABMP member ID # _____

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

THIS BOX FOR ABMP USE ONLY

Member ID No._____ Amount Paid $_____

Check No._____ ❑ M/V/D/AE

Clerk_____ Date ____ /____ /____

membership

Student Membership WITH Liability Insurance

- ❑ $65—up to 12 months in school
- ❑ $95—12 to 18 months in school
- ❑ $125—18 to 24 months in school

Student Membership WITHOUT Liability Insurance

- ❑ $45—up to 12 months in school
- ❑ $65—12 to 18 months in school
- ❑ $85—18 to 24 months in school

Membership is renewable, provided you remain in school and are not practicing for compensation. The insurance does not cover you if you practice for compensation.

payment

Membership Level $_____

Standard Processing—NO CHARGE—7-10 days.

Fax—$15—proof of insurance faxed within 24 hours of receipt of application. $_____

( ) _____

Priority Mail—$15 (U.S. only) within 3 business days of our receipt of application. $_____

TOTAL $_____

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.____ /____

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

agreement

I understand that membership fees paid by me to ABMP are nonrefundable, are fully earned as of the first class date, and will not be prorated. I understand that the professional liability coverage provided as a benefit of ABMP Student Membership includes coverage for outside/off-premises activities as long as those activities have been approved by the school and are permitted under applicable state and local government regulations. I understand that the term of ABMP Student Membership coincides with the term of membership selected above and that this level of membership IS NOT available to individuals taking solely a continuing education course or seminar. 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 have never been the subject of any incident, pending claim, suit or investigation, in connection with any sexual act, misconduct, molestation, and/or assault whatsoever. I understand that my membership certificate will notify me that I have been added as an individual Member with respect to the coverage and limits of the Master Policy and that the original Master Policy may be inspected at the offices of the Association or I may order a copy for a handling fee of $10. I understand that the coverage provided by my membership certificate is subject to all terms, conditions, and exclusions contained in the Master Policy. Language in the Master Policy is governing. I further understand that ABMP provides liability insurance to qualified members and that the Insurance Company will rely on the information I have provided in this application. My signature below verifies that I have completed the ABMP membership application accurately and honestly. I understand that failure to pay required dues and/or false statements made on the application or subsequent renewals shall void this application, terminate membership, and render my insurance coverage null and void.

X _____
I have read and agree to the above (sign and date)