



# Texas Association of Massage Therapists

Affiliated with the Associated Bodywork & Massage Professionals

## Professional Membership Application

Texas Associate of Massage Therapists  
3801 N. Capital of Texas Hwy., E-240-156  
Austin, TX 78746  
888-778-9851 Fax: (210) 651-0545  
www.texasmassage therapists.com

*Please Print All Information • Incomplete Application Forms Cannot Be Processed • Please Allow One Week for Processing*

Ms.  Mr.  Mrs.  \_\_\_\_\_ Social Security #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Prov: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ LMT #: \_\_\_\_\_ New Member  Renewal

Years in Practice: \_\_\_\_\_ E-mail: \_\_\_\_\_

Training: School : \_\_\_\_\_ Apprenticeship : \_\_\_\_\_

Referred By: \_\_\_\_\_

### Membership Options

Insurance includes professional (malpractice) liability and general (premises or 'slip & fall') liability coverage.  
U.S. residents only.

**Associate Membership:** (Without Insurance) ..... \$ 50.00 \_\_\_\_\_

**Practicing Membership:** (Without Insurance) ..... \$ 70.00 \_\_\_\_\_

**Practicing Membership:** (With Insurance) ..... \$219.00 \_\_\_\_\_

**Grand Total** \_\_\_\_\_

### Additional Insured

Your membership will provide you with insurance as an individual only. If you are a corporation or a partnership, it needs to be added as Additional Insured to be included for coverage for the work that you do working for this corporation or partnership.

Often places where you work, such as hotels, spas, resorts, etc., will require that they be listed on your Certificate of Insurance as an additional insured specifically for your work. If this is the case, just print their name/s and physical street address/es below.

Business Name: \_\_\_\_\_ Owner's Name: \_\_\_\_\_

Address: (No P.O. Boxes. Including city, state/prov, zip/postal code) \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

### Method of Payment

Check/Money Order ( Make payable to TAMT and send to above address. Do not send cash. U.S. funds only.)

Credit Card. We accept Visa Mastercard.

Card Number (Please print clearly)

Expiration Date

Cardholder's Signature

### Agreement

I, the undersigned applicant, do hereby agree that all fees paid to TAMT and ABMP in relation to this professional application are non-refundable and will not be prorated. I hereby state that I have no knowledge of any incident, pending claims or legal suits, nor have any been filed against me related to my practice as a manual medicine or massage practitioner. No government issued regulatory documentation for licensing, certification or registration has been revoked and no disciplinary action is pending against me in relation to my trades specialty. I also agree and understand that this insurance policy does not cover any claims or suits arising from work I may perform that is outside the scope of practice provided within any government regulations pertaining to my hands-on healing arts specialty and that any work performed by me in this regard that infringes upon the scope of practice of any other regulated health care specialty is not covered by this policy. I understand that the insurance policy issued subsequent to this application is issued upon the underwriter's approval and that my signature verifies that I have completed this application form completely and honestly. I understand that any false statements made in this application or subsequent renewals of this policy shall void this application and make my insurance null and void. Returned checks will be charged a \$25.00 administrative fee.

Signature (REQUIRED)

Date