



Florida State Massage Therapy Association, Inc.

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Membership Application

Last Name: _____ First Name: _____ MI: _____
Business Name: _____
Mailing Address: _____
City: _____ State: _____ Zipcode: _____ Home Work
Business Phone: _____ Fax: _____ Home Phone (optional): _____
Email: _____

I give permission to have my name and business contact information released for profession-related referrals.

Please list 3 modalities: 1: _____ 2: _____ 3: _____

CHAPTER MEMBERSHIP:

Based on geographic location - please indicate only one chapter affiliation you want to belong to using the following choices:

- Big Bend (Tallahassee)
- Brevard
- Broward
- Central Florida (Orlando)
- Dade
- Emerald Coast (Escambia/Santa Rosa)
- First Coast (Duval County)
- Flagler/Volusia
- Gulf Coast (Panama City Area)
- Heart of Florida (Polk County)
- Keys
- North Central Florida (Ocala)
- Palm Beach
- Sarasota/Manatee
- Southwest Florida (Ft. Myers)
- Sugar Dunes (Walton/Okaloosa)
- Suwannee Valley (Gainesville)
- Tampa Bay
- Treasure Coast (Vero Beach)
- State/Member-at-Large

MEMBERSHIP LEVEL & DUES:

PLEASE CHECK (✓) ALL THAT APPLY.

- Student** Attending an approved Florida Board of Massage Therapy School & haven't passed the State LMT Exam,
School Name: _____
 - 1 YEAR.....\$50.00
 - Florida Licensed Massage Therapist** License MA# _____
 - 1 YEAR.....\$125.00
 - 2 YEAR.....\$230.00
 - 3 YEAR.....\$300.00
 - Member Application Fee***.....\$15.00

*Membership application fee only applies to new LMT members and past-due renewals.
 - Associate** Supporting individual (non-LMT), school, company or organization
 - Individual**
 - 1 YEAR.....\$125.00
 - School**
 - 2 YEAR.....\$230.00
 - Company/Organization**
 - 3 YEAR.....\$300.00
 - Professional Contribution (Optional)**
 - Legislative Support** Our legislative program promotes our profession and protects our right to practice. Please show your support! Contribute the equivalent of "just one" treatment for the year
\$ _____
- TOTAL AMOUNT ENCLOSED.....\$ _____

Applicants interested in **Liability Insurance** need to complete the separate insurance form. If paying by check, please write separate checks.

AGREEMENT: Please allow four weeks to receive the membership certificate and card. Dues are tax deductible except for \$10.00 which is allocated to the Legislative Program. Membership dues and legislative contributions are **NON-REFUNDABLE**. It is to my desire to actively support the profession and educational objectives and purpose of the FSMTA. I pledge to abide by the Constitution, Bylaws, Policies and Procedures and Professional Ethics of the FSMTA, Florida Statute 480 and 455, Rules Chapter 64B7 and all applicable state and local laws and regulations.

Signature: _____ Date: _____

PAYMENT: Check or money order made payable to FSMTA for amount enclosed \$ _____

Visa MasterCard Discover American Express

Credit Card #: _____ Name on card: _____

Exp. Date: _____ Charge amount \$: _____ Signature: _____