MISSOURI SPORTS MASSAGE TEAM APPLICATION

Name:

Address :

City, State, Zip:

Email address:

Primary phone #: Secondary phone #:

AMTA Member: Yes No Membership Number_____

MO License Number_____ (please submit a current copy)

Liability Insurance Provider_____(please submit a current copy)

Team status: □ Professional AMTA $0
□ Professional non-AMTA $20
(AMTA fee is included in yearly dues)

□ Student ($0)
(Students, please list school or mentor)
_____
_____

If a new applicant, please list Sports Massage classes or workshops you have attended. Please include school, class name, instructor's name, dates and hours attended. (Skip this section, if you are renewing your membership.)

*Please list your polo shirt size*_____ *(Do you prefer a ladies tee? Size? _____)*

Make check payable to AMTA-MO and remit with application to:

Janene Sun
Sun Sports Massage
6211 Ridgewood Rd
Columbia, MO 65203

If you have questions, please call Janene at (573) 999-0451. She can also be reached via email: Janene@sunsportsmassage.com

(Applications should be sent, for approval, to the state director of the MSMT. Those applicants who are not approved for membership can petition the AMTA Missouri State Chapter President for reconsideration.)

Please enclose copies of your license, education certificates, and proof of current insurance along with your application.

I have read, and agreed to, the requirements and responsibilities of membership. Also, if my license and insurance are set to expire before the season is over, on my honor I will renew my license and insurance early enough to avoid any lapse in coverage.

To the best of my knowledge, all of the above information is true, correct and complete.

Signature Date

For State and Regional Directors Only

Application ____ Accepted ____ Denied
Date, and amount of, payment received _____
___cash ___check
Date deposited _____