

FSMTA Headquarters 222 S. Westmonte Dr, Ste 111, Altamonte Springs, FL 32714 Telephone: 407-786-3307 FAX: 407-774-6440 Website: fsmta.org

New
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Date: /

Renewal

FSMTA Membership Application and Renewal Form					
Full Name (First, Middle, Last)		Office or Establishment			
Mailing Address/City/State/Zip					
Office/Establishment Address/City/State/Zip					
Office Phone	Cell Phone	Fax	Email		
Massage License #	State Issued	Issue Date	License Curren	t (Yes/No)	
Massage School		School Website		Date Completed	
Birth Date (MM/DD/YYYY) Referring Member					

Online Directory: As a benefit to our members FSMTA publishes an online "Find A Therapist" Directory. Do you want to appear in this directory?

Mailing List: FSMTA periodically provides member contact information to carefully selected organizations to send communications by or on behalf of FSMTA via regular mail or email. Please check if you wish to be REMOVED from this list

Chapter Affiliation: Based on geographic location, please select the one (1) chapter you want to belong to:

FL Big Bend (Tallahassee area)	FL Flagler/Volusia (Daytona area)	FL Southwest (Ft. Myers area)
FL Brevard	FL Gulf Coast (Panama City area)	FL Sugar Dunes (Ft Walton area)
FL Broward	FL Heart of Florida (Polk Co-Lakeland area)	FL Suwannee Valley (Gainesville area)
FL Central Florida (Orlando area)	FL Keys	FL Tampa Bay
FL Dade (Miami area)	FL North Central Florida (Ocala area)	FL Treasure Coast (Vero Beach area)
FL Emerald Coast (Pensacola area)	FL Palm Beach	Mid-Atlantic States
FL First Coast (Jacksonville area)	FL Sarasota/Manatee	Member-At-Large (State/National/Int'l)

AGREEMENT: By signing below you agree to actively support the FSMTA's Mission and the massage therapy profession. You further agree to abide by the organization's Constitution, Bylaws, Polices, Procedures, Ethics, Professional Code of Conduct, applicable State Statutes, and all applicable federal, state, local laws and regulations.

Signature: _

<u>MEMBERSHIP CATEGORIES/PAYMENT</u>: FSMTA Membership is one year from date of enrollment unless the monthly option is selected. (Monthly option memberships are not eligible to participate in the FSMTA Professional Liability Insurance program.) Please check ($\sqrt{}$) one and include **Initiation Fee** if applicable:

Membership Category	Annual Option	Monthly Option*
Florida LMT	\$125.00	\$14.95
National LMT	\$125.00	\$14.95
Associate (non-LMT)	\$125.00	\$14.95
Business	\$125.00	N/A
Massage School	\$125.00	N/A
Student	\$50.00	N/A
Initiation Fee (applies to new members and expired members rejoining FSMTA)	\$15.00	\$15.00
Optional one-time only Legislative Initiatives Contribution (please enter amount)		

Total Amount Enclosed or Authorized to charge: \$_

□ **Check (Annual Option Only)** *Please make payable to FSMTA and remit payment to:*

□ **Credit Card** **If the monthly option has been selected, you agree to this fee being automatically charged each month.*

FSMTA 222 S. Westmonte Drive, Ste. 111 Altamonte Springs, FL 32714

	Master Card	□ Visa	American Express	
Account #			Exp Date	CVV
Billing Address				
Cardholder's Nai	me (Please Print)		

Authorized Signature _

Please FAX to 407-774-6440 or email to info@fsmta.org

PLEASE NOTE: Membership dues and legislative contributions are NON-REFUNDABLE. Dues are deductible by members as an ordinary and necessary business expense. In accordance with Section 6033(e)(2)(A) of the Internal Revenue code, members of the FSMTA are hereby notified that an estimated 10% of your FSMTA dues will be allocated to lobbying, political activities, and our legislative program and therefore are not deductible as a business expense. By joining FSMTA, I agree to receive information from the association via email.

Questions should be directed to FSMTA Headquarters Office: 407-786-3307