



<input type="checkbox"/> New
<input type="checkbox"/> Renewal

FSMTA Membership Application and Renewal Form

Full Name (First, Middle, Last)		Business/Organization			
Mailing Address/City/State/Zip					
Business/Organization Address/City/State/Zip					
Work Phone	Cell Phone	Email			
Website	Message License #	State Issued	Issue Date	License Current (Y/N)	
Massage School		School City/State			Year Completed
Birth Date (MM/DD/YYYY)	Referring Member			CE Provider (Y/N)	

Online Directory: FSMTA publishes an online "Find A Therapist" and FSMTA "Business Member" Directory. Please indicate if you would like to opt out.
Mailing List: FSMTA periodically provides member contact information to carefully selected organizations to send communication by or on behalf of FSMTA via USPS mail and/or email. Please check if you would like to be removed from this list.

Chapter Affiliation: Based on geographic location, please select the one (1) chapter in which you prefer to belong.

<input type="checkbox"/> Big Bend (Tallahassee area)	<input type="checkbox"/> Flagler/Volusia (Daytona area)	<input type="checkbox"/> Southwest FL (Ft Myers area)
<input type="checkbox"/> Brevard	<input type="checkbox"/> Gulf Coast (Panama City area)	<input type="checkbox"/> Sugar Dunes (Ft Walton area)
<input type="checkbox"/> Broward	<input type="checkbox"/> Heart of Florida (Polk County)	<input type="checkbox"/> Suwannee Valley (Gainesville area)
<input type="checkbox"/> Central Florida (Orlando area)	<input type="checkbox"/> FL Keys	<input type="checkbox"/> Tampa Bay
<input type="checkbox"/> Dade (Miami area)	<input type="checkbox"/> North Central FL (Ocala area)	<input type="checkbox"/> Treasure Coast (Vero Beach area)
<input type="checkbox"/> Emerald Coast (Pensacola area)	<input type="checkbox"/> Palm Beach	<input type="checkbox"/> Member-at-Large (National/International) No Chapter Affiliation
<input type="checkbox"/> First Coast (Jacksonville area)	<input type="checkbox"/> Sarasota/Manatee	

AGREEMENT: By signing below, you agree to actively support FSMTA and the Massage Therapy Profession. You further agree to abide by the FSMTA ByLaws, Policies & Procedures, Ethics, Professional Code of Conduct, applicable state statutes, and all other applicable federal, state, and local laws and regulations.

Signature: _____ **Date:** ____/____/____

MEMBERSHIP CATEGORIES/PAYMENT: FSMTA Membership is one year from date of enrollment. There is a one year commitment if the monthly payment option is selected. Monthly members that choose to cancel before their membership expires will be invoiced for the remainder of their membership commitment. (*Members selecting the monthly payment option are not eligible to participate in the FSMTA Professional Liability Insurance Program.*) Please select one membership category/payment option and include the application fee.

Membership Category	Annual Option		Monthly Option	
Florida LMT	<input type="checkbox"/>	\$125.00	<input type="checkbox"/>	\$14.95
National/International LMT	<input type="checkbox"/>	\$125.00	<input type="checkbox"/>	\$14.95
Retired LMT (MA license must reflect this status)	<input type="checkbox"/>	\$50.00	<input type="checkbox"/>	N/A
Associate (Business/Non-LMT)	<input type="checkbox"/>	\$125.00	<input type="checkbox"/>	\$14.95
Massage School	<input type="checkbox"/>	\$125.00	<input type="checkbox"/>	\$14.95
Student Name of School:	<input type="checkbox"/>	\$50.00	<input type="checkbox"/>	N/A
Application Fee (Applies <i>only</i> to NEW and REJOINING members.)	<input type="checkbox"/>	\$15.00	<input type="checkbox"/>	\$15.00
OPTIONAL – One time only, Legislative Initiatives Donation (Enter amount)	<input type="checkbox"/>		<input type="checkbox"/>	

Total Amount Enclosed or Authorized to Charge to Credit Card: \$ _____

- Check (Annual Option Only)** Please make payable to FSMTA and remit payment to:
- Credit Card** (If Monthly Option has been selected, you agree to the \$14.95 per month automatic charge throughout the duration of your membership.)
- Mastercard Visa American Express

FSMTA
 407 Lake Howell Rd., Suite 1013
 Maitland, FL 32751

Account # _____ Exp Date _____ CVV _____
 Billing Address _____
 Cardholder's Name (Please Print) _____
 Authorized Signature _____

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 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 at 407-786-3307