



FSMTA Headquarters
 407 Lake Howell Rd, Suite 1013, Maitland, FL 32751
 407-786-3307 FAX: 407-774-6440 Website: fsmta.org

<input type="checkbox"/> New
<input type="checkbox"/> 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 Current (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? Yes No

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:

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

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

MEMBERSHIP CATEGORIES/PAYMENT: FSMTA Membership is one year from date of enrollment. There is a one year commitment if the monthly option is selected. (Monthly option memberships are not eligible to participate in the FSMTA Professional Liability Insurance program.) Please check (✓) one and include **Application 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
Massage School	\$125.00	N/A
Student	\$50.00	N/A
Application 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.

Master Card 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 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