



Kansas Association of Therapeutic Massage & Bodywork

" We invite you to join our Professional Association "

New Membership

Mission Statement: We are a heart-centered community of Massage Therapists and Bodyworkers dedicated to promoting wellness.

Please print or type all information.

The name on this form will be the name used on any Certificate issued by KATMB.

Name:

Mr./Ms. _____

Address _____ Apt# _____

City _____ State _____ Zip _____

Home phone # (____) _____ Business phone #(____) _____

Date of Birth _____ Social Security # _____

How did you hear about KATMB _____

Membership Classifications: Check the appropriate box:

Professional Category

- Massage Therapist (500 or more hours training / experience or NCBTMB Certified)
- Massage Practitioner (under 500 hours training but currently not a student)
- Bodywork Practitioner

Additional Categories

- Student of Massage or Bodywork : Name and phone number of Individual or School where you are receiving your training _____ Start Date _____ Estimated Completion Date _____.
- Associate: Any person interested in advancing Massage Therapy and Bodywork that is not a Therapist, Practitioner, Student of Massage or Bodyworker.
- Honorary: Special Honor of a lifetime given by KATMB.

How many years have you been studying or practicing massage or bodywork? _____

Name of Business or employer _____

I have obtained the KATMB Code of Ethics and understand that from here forth I am liable to uphold these ethics. By affixing my signature, I agree to this.

Signature _____ Date _____

(Over)

Please submit at least one written character reference.

I was referred to KATMB by _____.

Dues and Fees:

Professional Dues are \$45.00

One time Processing Fee for new members under Professional Category \$10.00

Student and Associate Dues are \$25.00

Please send membership Dues to: Carol Williams
Secretary/Membership Chair: KATMB, Inc.
2611 SW 17th St. Suite 7
Topeka, KS 66604
PH. 785-234-0400

Make payable to KATMB

Method of payment: Check # _____ Money Order # _____

Questions may be addressed to: Anne Casebeer, President: KATMB, Inc.
1818 SW Crest Drive
Topeka, KS 66604
(785) 273-5864

For office use only:

Date rec. ____ - ____ - ____ Rec. By _____

Application Complete _____ Application Accepted _____

If Application returned for completion, what date was it returned _____

Referred by _____ Member packet sent _____ Member # _____

Written Reference _____ Verification of Information _____
