



## Kansas Association of Therapeutic Massage & Bodywork

*" We invite you to join our Professional Association "*

### Renewal

*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 )

Dues and Fees:

Professional Dues are \$45.00

Student and Associate Dues are \$25.00

Please send membership Dues to:

Carol Williams  
Secretary/Membership Chair: KATMB, Inc.  
2611 SW 17<sup>th</sup> 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

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**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 \_\_\_\_\_

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