

New York State Society of Medical Massage Therapists, Inc.
Membership Application and Renewal Form
 (Please complete all applicable sections and please print clearly)



Name _____ Name of Business _____
 Address _____ Suite/Apt # _____
 City, State, Zip _____
 Telephone Number () _____ Email Address _____
 NYS Massage License # _____ Expiration date of registration _____

Please Note – Existing members - Membership will be renewed on your anniversary date. Notice of your impending renewal will be sent to you. New members are accepted throughout the year.

Membership Dues: Please check one.

_____ **Professional LMT Membership** **\$100**
 _____ *Renewal* (NYS Licensed Massage Therapist)
 _____ *New Member** (NYS Licensed Massage Therapist)

_____ **Senior Membership** **\$50**
 _____ *Active* (65 years old & practicing)
 _____ *Non-Active* (65 years old & not practicing)

_____ **Student Membership** **\$50**
 (Currently enrolled in accredited massage school)
 Name of School _____

_____ **Affiliated Membership** **\$100**
 (Other health care professionals or a Massage Therapist not practicing in NYS)
 Profession _____

_____ **School Membership** **\$100**
 Name of School _____
 Director _____

_____ **Corporate/Business Membership** **\$100**
Plus: Minimum Enrollment of 5+ employees receives a 25% discount for each employee. Please note that each person listed below must complete their own NYSSMMT Membership Application.

Company Name _____

Owner _____

Employee: 1. _____ **\$75**

2. _____ **\$75**

3. _____ **\$75**

4. _____ **\$75**

5. _____ **\$75**

6. _____ **\$75**

7. _____ **\$75**

Total Amount Due _____

***New Members Please Complete:**

of years in practice _____ Massage school attended _____ Graduation date _____

Please list two references: Could either a Licensed Massage Therapist, massage teacher or health care professional.

1. Name _____

Address _____

City, State, Zip _____

2. Name _____

Address _____

City, State, Zip _____

Malpractice/Liability Insurance - Additional Fee: If you are interested in purchasing Professional or Student Malpractice/Liability Insurance for the **FIRST TIME** please complete the appropriate IMA Liability Insurance Application. If you are renewing, the IMA will send you a Renewal Application. Please Note: You must be a member of the NYSSMMT to purchase the Malpractice/Liability Insurance at the special rate of \$120/yr. for professionals or \$50/yr. for students.

Method of Payment – Please Check One: Check or Money Order payable to NYSSMMT Amex Visa MasterCard

Print Name on Credit Card _____ Amount \$ _____

Card # _____ - _____ - _____ - _____ Expiration Date _____

Address of cardholder _____

Signature _____ Date _____

All Members: As a member, I agree to support and abide by the Society's Bylaws and Code of Ethics.

Signature _____ Date _____

Mail completed Application and IMA Liability Form (if applicable) to:
 NYSSMMT, Inc. PO Box 442, Bellmore, NY 11710
 Toll Free Number: 1-877-NYS-SMMT (1-877-697-7668) or visit us online at www.NYSmassage.org