

Commitment form

Massage therapy, a technique, a profession... Health, Prevention and Well-Being

## Please complete everything and answer the questions in block letters letters.

First name :	Membership number			
Last name :	#			
<ul> <li>1. Are you or have you ever been a member of another professional as</li> <li>□ Yes □ No</li> <li>If so, please write the name :</li> </ul>	sociation?			
<b>2.</b> Have you ever been denied membership in another professional ass □ Yes □ No	sociation?			
If so, please explain :				
<ul> <li>Have you ever been the subject of disciplinary measures in another professional association?</li> <li>□ Yes □ No</li> <li>If so, please explain :</li> </ul>				
<b>4.</b> Are you currently the subject of an investigation or legal proceeding you from practicing massage therapy? □ Yes □ No	s that could prevent			
<ul><li>5. Have you ever been found guilty by a provincial or federal court of a prevent you from practicing massage therapy?</li><li>□ Yes □ No</li></ul>	n offence that could			
<b>6.</b> Would you like to be referred to the AMQ <sup>®</sup> website as a massage the □ Yes □ No	erapist?			

AMQ<sup>®</sup> – Association des Massothérapeutes du Québec 2229, Boulevard Louis-XIV, Québec (Québec) G1C 1A1

Telephone : (418) 663-0168 • Toll-free number : 1-866-663-0168 • Fax : (418) 663-0081 • E-mail : info@amquebec.qc.ca • Website : www.amquebec.qc.ca

## Please sign everything.

<b>7.</b> By checking the checkbox below, I declare that the information provided in this membership application form is accurate and is intended to establish my eligibility to become a member of the AMQ <sup>®</sup> . I acknowledge that any false statements may result in denial of membership. The information will be kept confidential.			
Answer	Signature		Date
□ Yes □ No			<u>DD/MM/YYY</u>
<b>8.</b> To allow us to contact our members regularly and to avoid wasting paper and any mail delays, we suggest that all correspondence (membership renewal, notifications, amendments, etc.) be sent to you by email.			
By checking the checkbox below, I undertake to read all correspondence received from the AMQ <sup>®</sup> and to comply with all notifications and amendments.			
Answer	Signature		Date
□ Yes □ No			<u>DDIMMIYYY</u>
<ul> <li>9. By accessing the AMQ® site and/or using its systems and/or services, I acknowledge having read and understood its Privacy Policy and I consent to my personal information being processed in accordance with it.</li> <li>In addition, by checking the box below, I agree to respect any modification or amendment</li> </ul>			
made to the Privacy Policy.			
Answer	Signature		Date
□ Yes □ No			
<b>10.</b> After reading the AMQ <sup>®</sup> 's Code of Ethics and General By-laws, I, the undersigned, undertake to remain true to the mandate of the Association des Massothérapeutes du Québec. I acknowledge that any failure to meet this requirement may be subject to sanctions in accordance with AMQ <sup>®</sup> provisions.			
Furthermore, I undertake by checking the checkbox below to comply with any amendments made to the above-mentioned documents.			
Answer	Signature		Date
□ Yes □ No			
Office use only			
Title : Massage therapist	Level : 🛛 1		Membership number :



