



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 :			#
E-mail :			
Home phone	Work phone	Other phone	
() -	() -	() -	
Home address			
City	Province	Postal code	
Work address			
City	Province	Postal code	
Work address			
City	Province	Postal code	

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

1. Would you like to be referred to the AMQ® website as a massage therapist?

Yes No

2. Are you or have you ever been a member of another professional association?

Yes No

If so, please write the name : _____

3. Have you ever been denied membership in another professional association?

Yes No

If so, please explain : _____

4. Have you ever been the subject of disciplinary measures in another professional association?

Yes No

If so, please explain : _____

5. Are you currently the subject of an investigation or legal proceedings that could prevent you from practicing massage therapy?

Yes No

6. Have you ever been found guilty by a provincial or federal court of an offence that could prevent you from practicing massage therapy?

Yes No

7. Would you like to be referred to the AMQ® website as a massage therapist?

Yes No



Please sign everything.

7. 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®. I acknowledge that any false statements may result in denial of membership. The information will be kept confidential.

Answer	Signature	Date
<input type="checkbox"/> Yes <input type="checkbox"/> No _____	_____	__ __ / __ __ / __ __ __ __

8. 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® and to comply with all notifications and amendments.

Answer	Signature	Date
<input type="checkbox"/> Yes <input type="checkbox"/> No _____	_____	__ __ / __ __ / __ __ __ __

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.

In addition, by checking the box below, I agree to respect any modification or amendment made to the Privacy Policy.

Answer	Signature	Date
<input type="checkbox"/> Yes <input type="checkbox"/> No _____	_____	__ __ / __ __ / __ __ __ __

10. After reading the AMQ®'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® provisions.

Furthermore, I undertake by checking the checkbox below to comply with any amendments made to the above-mentioned documents.

Answer	Signature	Date
<input type="checkbox"/> Yes <input type="checkbox"/> No _____	_____	__ __ / __ __ / __ __ __ __

Office use only

Title : <u>Message therapist</u>	Level : <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	Membership number : _____
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Please attach the requested documents.

Please add the documents below to your re-membership application **(required)**.

- A photo of you on a white background.
- Your updated resume.
- Any other proof of training/study related or not to massage therapy (certificate or diploma of training taken) obtained since the end of your membership.

The commitment form is now completed.

You can send us the form and requested documents via one of the three ways below.

- By mail**
Association des Massothérapeutes du Québec
2229, Boulevard Louis-XIV
Québec, Québec
G1C 1A1
- By e-mail**
info@amquebec.qc.ca
- By fax**
(418) 663-0081

