

Request for readmission



We are delighted to learn that you wish to rejoin the AMQ®. As a professional massage therapist, you deserve simple feedback.

To this end, we invite you to complete this document by hand in block letters or on the computer while accompanying it :

- A photo of your health insurance card or driver's license;
- A photo of you on a white background;
- Your updated resume;
- Any other proof of training/studies related or not to massage therapy (certificate, transcript, diploma, etc.) obtained since the end of your membership so that you can be credited with hours, or even complete courses.

All information must be sent by email to info@amquebec.qc.ca. We will then contact you by telephone as soon as possible to finalize your readmission request.

1. PERSONAL INFORMATION

First name :	<input type="text"/>															
Last name :	<input type="text"/>															
Membership number :	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>									
Email :	<input type="text"/>															
Home address :	<input type="text"/>															
Work address :	<input type="text"/>															
Work address :	<input type="text"/>															
Work address :	<input type="text"/>															
Home phone :	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Ext. :	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Work phone :	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Ext. :	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other phone :	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Ext. :	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Request for readmission



2. QUESTIONNAIRE

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?

☐ No
☐ Yes : Please write the name.

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

☐ No
☐ Yes : Please explain why.

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

☐ No
☐ Yes : Please explain why.

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

Request for readmission



3. COMMITMENT

7. By checking the "yes" box below, I declare that the information provided in this request for readmission 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.

☐ Yes ☐ No

☐ D ☐ D / ☐ M ☐ M / ☐ Y ☐ Y ☐ Y ☐ Y

Signature

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 "yes" box below, I undertake to read all correspondence received from the AMQ® and to comply with all notifications and amendments.

☐ Yes ☐ No

☐ D ☐ D / ☐ M ☐ M / ☐ Y ☐ Y ☐ Y ☐ Y

Signature

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.

De plus, je m'engage en cochant la case ci-dessous à respecter toute modification ou tout amendement fait à la politique de confidentialité.

☐ Yes ☐ No

☐ D ☐ D / ☐ M ☐ M / ☐ Y ☐ Y ☐ Y ☐ Y

Signature

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.

☐ Yes ☐ No

☐ D ☐ D / ☐ M ☐ M / ☐ Y ☐ Y ☐ Y ☐ Y

Signature