

BCAAMBP

British Columbia Association of Animal Massage & Bodywork Professionals

Membership Application

Membership Committee

**Please Print All Information Legibly
Incomplete Application Forms Cannot Be Processed**

Ms. ___ Mr. ___ Mrs ___ : _____ New _____ Renewal _____

Company Name : _____

Mailing Address: _____

City: _____ Prov: _____ Postal code: _____ Phone #: _____

Fax #: _____ Email: _____

Membership

Membership will be valid from the date it is processed until to January 31 of the same year. Fees will not be prorated.

Professional \$50.00 _____ **Special Consideration** \$50.00 _____ **Associate** \$35.00 _____

Professional membership applicants must submit a certificate of course completion, stating required hours, from a BCAAMBP approved school. Special Consideration members are those who have been working in the field without the benefit of formal education but have demonstrated ability. Associate members are those in a field other than massage and have no voting privileges

Special Consideration members will be considered on an individual basis.

Method of Payment

Make Cheques payable to BCAAMBP Payment must accompany application forms.
Mail to: Jolena Kusec 73-27044 32nd Ave, Aldergrove, BC V4W 3T1

Privacy Act (PIPEDA) Permission

To conform to the Privacy Act we are required to have this section complete before posting information on the website or in any publications. BCAAMBP is not responsible for any problems to you, your family or to your business resulting from listing on the website or publications. Indicate your permission for the BCAAMBP website, publications or both.

I give permission for the BCAAMBP to list my name, company name and the following contact information:

Phone: _____ website _____ publications _____

Email: _____ website _____ publications _____

Website Address: _____ website _____ publications _____

Agreement

I, the undersigned applicant, do hereby agree that all fees paid to BCAAMBP are non- refundable. I hereby state that I have no knowledge of any incident, pending claims or legal suits, nor have any been filed against me related to my practice as a body worker. No documentation for certification or registration has been revoked and no disciplinary action is pending against me in relation to my trades' specialty. I also agree and understand that members of the BCAAMBP will follow the Code of Conduct which includes no treating, diagnosing or prescribing medication of any type. Any infraction of Code of Conduct, Constitution or Bylaws could result in expulsion from the BCAAMBP, with no right of appeal.

Signature

Date submitted