

**BCAAMPB**  
**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 next year. Fees will not be prorated.

- Professional Membership** (voting) \$75.00 \_\_\_\_\_
- Associate Membership (non-voting) \$30.00 \_\_\_\_\_
- Student Membership (non-voting) \$30.00 \_\_\_\_\_
- Supporting Member (non-voting) \$30.00 \_\_\_\_\_
- Educational Provider (non-voting) \$50.00 \_\_\_\_\_
- Professional Organization (non-voting) \$50.00 \_\_\_\_\_

**Professional membership applicants must submit a certificate of course completion, stating the required 150 hours, from a BCAAMPB approved school.**

**Associate Members** are those with the educational requirements but not currently working in the field of massage or working in a field other than massage and have no voting privileges.

**Student Members** are enrolled in an accepted school and are not working in massage and have no voting privileges. Students can upgrade to Professional Member status upon completion of their course.

**Supporting Members** are Professionals in complimentary professions and have no voting privileges.

**Professional membership applicants must submit a current copy of their Certificate of Insurance for General Liability and Professional Liability.**

**Method of Payment**

Etransfer payment to [bcaambp@gmail.com](mailto:bcaambp@gmail.com) or  
Make Cheques payable to BC Association of Animal Massage & Bodywork Professionals. Payment must accompany application forms.  
Mail to: Jolena Kusec 73-27044 32<sup>nd</sup> 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

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