



Alliance Québécoise des Thérapeutes Naturels, *a non-profit association* **Massage therapy membership application form**

Application processing time : up to 5 days

You are applying for a membership and a permit from AQTN for:

Massage therapist Kinesitherapist

Have you ever been, or are you currently a member of any other association or regulatory body?

Yes No

If yes, please specify which one(s):

If yes, were you ever sanctioned?

Yes No

Your preferred correspondence language:

English French

Estimated frequency of treatment (#):

_____ Treatments per week month

Note: Your application must be accepted prior to applying for liability insurance. The required form will be included in your welcoming kit.

Personal information

Mr. Mrs. Ms.

First name:

Last name:

Date of birth (YYYY-MM-DD):

Language(s) spoken:

Telephone to be printed on your receipts:

Other telephone number:

Email (use block letters):

Website:

Facebook, Blog or other online presence:



to receive a FREE CD-ROM in your welcoming kit!

Alliance québécoise des thérapeutes naturels

AQTN

Alliance Québécoise des Thérapeutes Naturels
 ✉ AQTN, CP 28551, CSP Verdun QC H4G 3L7

www.AQTN.ca | applications@aqtn.ca





Alliance québécoise des thérapeutes naturels

Massage therapy membership application form

Quebec correspondance address:

Work address (if different):

Important information:

Memberships are valid for one year.

We communicate news and information by email.

Renewal notices are sent one month in advance.

There are no taxes.

If your application is refused, any fees paid will be reversed or cancelled. Accepted applications are non-refundable.

Credit card payment:



_____ - _____ - _____ - _____

Exp. date: _____ Verification # (CVV): _____

Yes No

Shall we keep this information for other authorised purchases, such as additional receipt orders?

Circle preference:

100\$	Welcoming kit and 50 receipts.
115\$	Welcoming kit and 150 receipts.

Other payment methods:

- ✓ Cheque or Money Order, payable to « AQTN ».
- ✓ Online by Paypal, we'll email you a link.
- ✓ Interac e-transfer, send your payment to: applications@aqtn.ca. Use an evident security code or email it to us.

Provide two references living in Quebec.

Family members should not be used. Ideally use other therapists, teachers or employers as references.

Name, Relationship, Telephone	Members qualify for two extra months of free membership for each new member referred. If you were referred by an AQTN member, please write their permit number below. Permit # _____	Name, Relationship, Telephone
-------------------------------	---	-------------------------------

AQTN

Alliance Québécoise des Thérapeutes Naturels
 ✉ AQTN, CP 28551, CSP Verdun QC H4G 3L7

www.AQTN.ca | applications@aqtn.ca





Alliance québécoise des thérapeutes naturels

Massage therapy membership application form

lease sign in the white area of the box below. It will only be available to insurance companies to allow them to better process claims and to reduce potential fraud. It also authorizes AQTN to contact your school(s) in order to verify your training.

By signing below, you agree to abide by AQTN's code of ethics at all times in your practice, you certify being 18 years or older and that you are permitted to work legally in Quebec.

Signature:

All information provided in this application is accurate and complete.

Date: _____

AQTN values your privacy.

You may review our Privacy policy to know what information we collect, why it is collected, and how we use it here: www.Association.Quebec.AQTN.ca/privacy_commitment.php

Checklist of required documents *(business card or photo for online registry: optional)*

	A copy of your diploma(s) / attestation(s) and grades. Framed diplomas? Consider taking a picture with a camera. Training must be verifiable; otherwise a competency exam may be required.
	TWO photo IDs, such as a driver's license, student card, passport, health care card. A birth certificate can also be used, despite not having a photo.
	Either a letter of intent or your CV + this duly completed application form.

Submit your application by:

- a) Faxing everything to 514-317-4602
- b) Email with scanned attachments, sending everything to « applications@aqtn.ca »
- c) Regular standard mail [Tip: email us once it's in the mail]

AQTN
 CP 28551
 CSP Verdun
 Québec H4G 3L7

Thank you for choosing AQTN
 Please allow us up to 5 days to process your application.