



## 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

If you have a Quebec Enterprise Number (NEQ), enter it here:

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!

**AQTN**

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

www.AQTN.ca | [applications@aqtn.ca](mailto:applications@aqtn.ca)





## Alliance québécoise des thérapeutes naturels Membership application form

Quebec correspondance address:

Work address (if different):

### Credit card payment:



\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Exp. date: \_\_\_\_\_ Verification # (CVV): \_\_\_\_\_

Yes  No

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

### Important information:

Memberships are valid for one year.

We communicate news and information by email.

Renewal notices are sent one month in advance.

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

### Membership cost: 110.00 \$

Includes a welcoming kit, access to our intranet and 100 receipts. There are no taxes.

### Other payment methods:

- ✓ Cheque payable to « AQTN ».
- ✓ Online with Paypal, we will email you a link.
- ✓ Interac e-transfer, send your payment to: [applications@AQTN.ca](mailto:applications@AQTN.ca). Use an evident security code or email it to us.

### 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](http://www.Association.Quebec.AQTN.ca/privacy_commitment.php)

### Provide two references living in Quebec

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

Name, Relationship, Telephone	Our 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
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## Alliance québécoise des thérapeutes naturels Membership application form

Please sign in the white area of the box below. It will only be made available to insurance carriers. 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: \_\_\_\_\_

### Checklist of required documents *(business card: optional)*

**A copy of all your diplomas / attestations and grades**

If you graduated after September 2017, we require **450 hours of training**. If your core training was only 400 hours, then you will only be eligible after you accumulate 50 hours more. If you graduated prior to September 2017, our requirement remains at 400 hours.

For more details on hours, please refer to the criteria section on our website.

**Two pieces of identification, such as:**

Driver's license, health care card, student card, passport or birth certificate.

**Submit your application by:**

- a) Faxing everything to 514-317-4602
- b) Email with attachments to « [applications@aqtn.ca](mailto:applications@aqtn.ca) »
- c) Regular standard mail: please email us once the application has been mailed

**AQTN**  
CP 28551  
CSP Verdun  
Québec H4G 3L7

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