

Re-enrollment Application with administrative fees



Réseau des
massothérapeutes
professionnels
du Québec

Please fill out the form, sign it and return it to the Réseau

- By mail at 2285, Saint-Pierre Street, Drummondville (Quebec) J2C 5A7
- By fax at 1 819 472-2900
- By email at info@rmpq.ca

Method of payment:

Check / Money order / Credit card Visa, Master Card or American Express / Interac Transfer

What is the main reason why you chose the Réseau as your Professional Association?

- | | | |
|---|--|--|
| <input type="checkbox"/> Referred by an acquaintance | <input type="checkbox"/> Mission and values | <input type="checkbox"/> Services offer to members |
| <input type="checkbox"/> Price of membership | <input type="checkbox"/> Recognition by insurers | <input type="checkbox"/> Customer service |
| <input type="checkbox"/> None of the above / I don't know | | |

Personal address

Gender:

- Mrs. Mr.

Date of

birth:

DD / MM / YYYY

Correspondence language:

- French English

First name and last name: _____

Telephone: _____ **Cell phone:** _____

Email (required): _____

Address:

No., street, apartment, post office box and postal code

City and province

Select your area:

- | | | |
|---|---|--|
| <input type="checkbox"/> 01 Bas-Saint-Laurent | <input type="checkbox"/> 02 Saguenay-Lac-Saint-Jean | <input type="checkbox"/> 03 Capitale-Nationale |
| <input type="checkbox"/> 04 Mauricie | <input type="checkbox"/> 05 Estrie | <input type="checkbox"/> 06 Montréal |
| <input type="checkbox"/> 07 Outaouais | <input type="checkbox"/> 08 Abitibi-Témiscamingue | <input type="checkbox"/> 09 Côte-Nord |
| <input type="checkbox"/> 10 Nord-du-Québec | <input type="checkbox"/> 11 Gaspésie-Îles-de-la-Madeleine | <input type="checkbox"/> 12 Chaudière-Appalaches |
| <input type="checkbox"/> 13 Laval | <input type="checkbox"/> 14 Lanaudière | <input type="checkbox"/> 15 Laurentides |
| <input type="checkbox"/> 16 Montérégie | <input type="checkbox"/> 17 Centre-du-Québec | <input type="checkbox"/> 18 Hors Québec |

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Professional training

Select your techniques and register the names of academic institutions:

Massage therapy (400 hours) Academic institutions:

Massage therapy (1 000 hours) Academic institutions:

Kinesitherapy Academic institutions:

Orthotherapy Academic institutions:

Naturotherapy Academic institutions:

Other, specify:

PLEASE ATTACH A PHOTOCOPY OF THE NEW TRAINING COURSES TAKEN SINCE YOUR LAST YEAR OF MEMBERSHIP IN ORDER TO UPDATE YOUR FILE.

Questionnaire

1. How many years have you been practicing massage therapy professionally?

Less than 1

1 to 5

6 to 10

More than 10

2. For statistical purposes, are you or have you ever been a member of another association of massage therapists?

Yes

No

If yes, please specify: _____

3. Have you ever been refused a professional membership of an association/order in a province, state or country?

Yes

No

4. Are you under investigation or involved in a pursuit from a state/province/country? Have you been the subject of a disciplinary decision by a Canadian court or a disciplinary committee of an order and/or an association that in the view of the Réseau has a connection with the exercise of practicing the profession of massage therapist, kinesiterapist, orthotherapist and naturotherapist?

Yes

No

If yes, specify : (required)

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Preferences

1. I would like to receive the agenda. (offered free by the Réseau) Yes No

Application fees

The cost of re-enrollment with administrative fees is \$ 285.00 regardless of the month of the year in which you re-enroll.

This amount included the regular membership fee of \$ 210.00, plus an administrative fee of \$ 75.00.

The application fees are **non-refundable**, except in the event of refusal of your application..

Membership Terms

Professional Covenant

Acknowledgement of the authority of the Disciplinary Committee and the Board of Directors

Limited Consent for Disclosure of Information to Third Parties

I certify that I am 18 years of age or older and that I am the person applying for membership to the Réseau;

I certify that all information provided is true and complete, and I understand that any falsification of information on this application will result in cancellation of my membership and privileges as a member of the Réseau;

I agree to keep my contact information up to date at all times;

I agree to abide by the Réseau's Code of Ethics as well as the general regulations and to any changes thereto that may be brought from time to time;

I acknowledge the authority of the Disciplinary Committee and the Board of Directors with respect to my conduct if I violate any provision of the Code or regulations;

I consent to the provision of a notice to visitors to the Réseau's website, to Réseau Members, to any insurer and any plaintiff, with respect to any penalty that may be imposed on me and the reasons for such a penalty;

These covenants, acknowledgements and consents shall be valid so long as I am a member of the Réseau and therefore apply to any renewal of my membership.

I, _____, hereby acknowledge that I have noted the foregoing membership terms and accept them.

Signature: _____ Date: _____

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Before sending my application I have included:

- Photocopy of proof of identity with photo (example: driver's license, health insurance card, and/or passport)
- Photocopy of the new training courses taken since your last year of membership.
- My payment for the membership (\$ 285.00)

Please make your payments on behalf of:

Réseau des massothérapeutes professionnels du Québec

Method of payment:

Check / Money order / Credit card Visa, Master Card
or American Express / Interac transfer

Contact information:

2285, Saint-Pierre street, Drummondville (Québec) J2C 5A7

Telephone: 1 800 461-1312 • Fax: 819 472-2900

Email: info@rmpq.ca | www.rmpq.ca

To make an **Interac transfer**, log in to your financial institution's transactional platform and enter the information below:

1. Email: comptabilite@rmpq.ca

2. Amount: Enter the amount for the month of your membership in the chart on page 3.

3. Secret question: * Attention * Enter the full name of the person applying for membership.

4. Answer: rmpq2285

Credit card payment authorization

First name: _____ **Last name:** _____

Amount of the transaction: \$ _____

Owner of the card: _____

Number of the card: _____ / _____ / _____ / _____

Expiration date: _____ / _____

CV2: _____

(Your verification code of 3 figures in the endorsement of your Visa or Master Card or of 4 figures on your American Express Card.)

Credit card:

Visa MasterCard American Express

Authorization and signature

I, the undersigned, authorize the Réseau to make a payment of the invoice relative to my membership as a member of the Réseau des massothérapeutes professionnels du Québec for the amount of which appears above.

Signature of the holder: _____

Date: _____

I, the undersigned, authorize for a period of one year from the present, the Réseau to keep, in my file, my credit card number for all future billings of supplies ordered by me during this period. For any other method of payment I will inform the Réseau when ordering. Moreover, I can withdraw at any time this present authorization by sending a written to the Réseau.

Signature of the holder: _____

Date: _____

This form is a valid authorization to this effect.