AMQ®
Association des Massothérapeutes du Québec

Association des Massothérapeutes du Québec AMQ®
2229, boulevard Louis-XIV Québec QC G1C 1A1

Membership Application Form

Mr. ☐ Ms. ☐

First name: _____ Surname: _____

Address: _____

_____

Date of birth: _____ / _____ / _____
day month year

Telephone number (home): _____ / _____ / _____

Telephone number (office): _____ / _____ / _____

Other number: _____ / _____ / _____

Fax: _____ / _____ / _____

Email: _____

IMPORTANT: Please enclose a passport-size photo.

For office use:

Telephone number for client referral

- Region: _____
- Telephone number: _____

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Please answer the following questions:

1. Are you or have you ever been a member of another professional association?

Yes ☐ No ☐

If so, please write the name of the association here:

_____

2. Have you ever been denied membership in another professional association?

Yes ☐ No ☐

If so, please explain:

_____

_____

_____

3. If you were born outside of Canada, please enclose one of the following documents:

a. Canadian citizenship card or certificate;
b. Permanent resident card; or
c. Work visa that authorizes you to practice massage therapy.

4. Have you ever been the subject of disciplinary measures in another professional association?

Yes ☐ No ☐

If so, please explain:

_____

_____

_____

_____

5. Are you currently the subject of an investigation or legal proceedings that could prevent you from practicing massage therapy?
Yes ☐ No ☐

6. Have you ever been found guilty by a provincial or federal court of an offence that could prevent you from practicing massage therapy ?
Yes ☐ No ☐

I, the undersigned, declare that the information provided in this membership application form is accurate and is intended to establish my eligibility to become a member of the AMQ®. I acknowledge that any false statements may result in denial of membership. The information will be kept confidential.

_____ _____
Applicant's signature Date

To allow us to contact our members regularly and to avoid wasting paper and any mail delays, we suggest that all correspondence (membership renewal, notifications, amendments, etc.) be sent to you by email.

I, the undersigned, undertake to read all correspondence received from the AMQ® and to comply with all notifications and amendments.

Email _____

Name in block letters _____

Signature _____

Office use only

Massage therapist	Level:	Membership no.:

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***Resolution*:**

After reading the AMQ®'s *Code of Ethics* and *General By-laws*, I, the undersigned, undertake to remain true to the mandate of the Association des Massothérapeutes du Québec. I acknowledge that any failure to meet this requirement may be subject to sanctions in accordance with AMQ® provisions.

Furthermore, I undertake to comply with any amendments made to the above-mentioned documents.

Date _____

Name in block letters _____

Signature _____

Important:

You must **mail** the completed *Resolution* to the AMQ®'s office at the following address:

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Québec QC G1C 1A1