

MINNESOTA TOUCH MOVEMENT NETWORK

Formerly the Minnesota Therapeutic Massage Network

Application for Membership

Name: _____ Business Name: _____

Address: _____ Business Address: _____

Telephone No. (home): _____ (work): _____

(fax): _____ (other): _____

Email: _____

The Following information is required for Full Member Applications

Date of Birth: _____ Social Security #: _____

Total Hours of Training: _____

Total Years of Practice: _____ Or In Practice Since: _____

Certifications: _____

Affiliations: ABMP AOBTA IMA NCBTMB Other _____

Professional Liability Insurance carrier and number: _____

Membership type:

- Full Member \$75.00
- Legislative Support \$30.00

All of the following must be submitted:

1. Application processing fee: \$10.00
(Waived for Full Member Applications with Proof of Liability Insurance, Not required for Legislative Support Applications)
2. Annual Dues for membership type
3. Documentation of Certifications.
4. This application with required signatures.

By signing this application, I understand that all fees paid to MTMN are non-refundable and can not be prorated. I also verify that my license, certification, and/or registration pertaining to massage, bodywork or somatic therapies has never been suspended or revoked and that no disciplinary action has been taken or is pending against me. In addition, I have never been accused of, arrested for or charged with any sexual violations. I understand that my signature shall verify that I have completed the MTMN membership application accurately and honestly. I understand that any false statement made on this application or subsequent renewals shall void this application, terminate my membership and I may be subject to legal action. I understand that MTMN members are required to maintain the highest standards of professional conduct and strictly adhere to the MTMN Code of Ethics. I understand that violation of the MTMN Code of Ethics will result in immediate termination of my MTMN membership and render all benefits of membership null and void. Returned checks will be charged a \$25.00 administrative fee.

SIGN HERE: _____ Date: _____

Signature (REQUIRED)

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Formerly the Minnesota Therapeutic Massage Network

MEMBERSHIP OPTIONS IN THE MTMN

Select a membership type:

- A **Full Member** will receive legislative updates, a membership certificate, newsletter, voting rights and a discount on the Annual Conference.
- B **Legislative Support** will receive only the legislative updates.
(No membership certificate, newsletter, voting rights or a discount on the Annual Conference)

Take the MTMN Oath statement and subscribe to the MTMN Code of Ethics.

For more information,
Call (612) 822-5003
or Email to info@mtmn.org
or www.mtmn.org/

MTMN Oath Statement

“I swear in honesty and reality, that I will uphold the ideals, purposes and ethics of the Minnesota Touch Movement Network.”

MTMN Code of Ethics

- No member will engage in sexual conduct with a client, engage in any verbal behavior that is seductive or sexually demeaning to a client, or engage in sexual exploitation of a client.
- No member is to be under the influence of drugs (this includes alcohol) during a professional session.
- No member will reveal communication from or relating to a client without the client's express written authorization.
- No splitting fees or promising to pay a portion of a fee to anyone other than for services rendered to a client by another health care practitioner.