



**AMERICAN MASSAGE THERAPY ASSOCIATION
OHIO CHAPTER**

3830 Woodridge Blvd Suite A, Fairfield, OH 45014
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**AMTA OHIO SPORTS MASSAGE TEAM
CONDITIONAL MEMBERSHIP APPLICATION**

MISSION STATEMENT

The Mission of the AMTA Ohio Sports Massage Team is to provide therapeutic sports massage services to physically active participants of all performance levels in conjunction with other health care providers as we promote the massage therapy profession.

(PLEASE PRINT)

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE: Home: (____) _____ Work: (____) _____

OHIO MASSAGE LICENSE NUMBER: _____ E-MAIL _____

MEMBER OF NATIONAL EVENT SPORTS MASSAGE TEAM: (CIRCLE ONE) YES NO

SCHOOL OF MASSOTHERAPY: _____

DATE OF GRADUATION _____ AMTA MEMBERSHIP # _____

SPORTS MASSAGE SEMINAR(S) (use back of page to list if more than one)

TITLE _____ HOURS _____

PRESENTER(S): _____ DATE _____

LOCATION: _____

Requirements for Conditional Membership:

1. AMTA active member
2. AMTA Ohio Event Sports Massage training completed (12 hours)
3. Liability insurance equal to or exceeding AMTA liability insurance.
4. Current Ohio License to practice Massage Therapy

Full membership will be granted upon receipt of this application and the Full Membership application with documentation of participation at:

ONE sanctioned event, in cooperation with the Event Coordinator and/or Sports Massage Team Member.
Team uniform will not be issued until the completion of the latter.

I attest, by my signature, that all of the information provided is correct, and that I have met the requirements stated above for membership. I hereby request membership to the AMTA Ohio Sports Massage Team as a Conditional Member.

Signature: _____ Date: _____

PLEASE mail Conditional Membership application PRIOR to working an event. THANK YOU!!!

MAIL TO: Pat Aicher
10148 Washington Church Road
Miamisburg, OH 45342-4518
Email: wcaicher@earthlink.net