



FSMTA Membership Application

978 Douglas Avenue, Suite 104 ~ Altamonte Springs, FL 32714

Toll Free: 877-376-8248 ~ 407-786-3307 ~ Fax 877-224-2392-Email: info@fsmta.org ~ Web: www.fsmta.org

I. CONTACT INFORMATION

1.1 Last Name: _____ First Name: _____ MI: _____

1.2 Business Name: _____ Date of Birth: Month: _____ Day: _____ Year: _____

1.3 Mailing Address: _____

1.4 City: _____ State: _____ Zip Code: _____ Work Home

1.5 Phone: _____ Cell Work Home

1.6 Email: _____ Referred By: _____

1.7 Massage License #: _____ State Issued: _____ Issue Date: _____ License Current? Yes No

1.8 Massage School: _____ School Website: _____ Date Completed: _____

II. FSMTA MEMBERSHIP INFORMATION

2.1 Based on geographic location-Please **select only one** Chapter affiliation you want to belong to from the following:

<input type="checkbox"/> Big Bend (Tallahassee area)	<input type="checkbox"/> Brevard	<input type="checkbox"/> Broward	<input type="checkbox"/> Central Florida
<input type="checkbox"/> Dade	<input type="checkbox"/> Emerald Coast	<input type="checkbox"/> First Coast (Jacksonville area)	<input type="checkbox"/> Flagler/Volusia
<input type="checkbox"/> Gulf Coast (Panama City area)	<input type="checkbox"/> Heart of Florida (Polk County-Lakeland area)	<input type="checkbox"/> Keys	<input type="checkbox"/> Mid-Atlantic States
<input type="checkbox"/> North Central Florida (Ocala area)	<input type="checkbox"/> Palm Beach	<input type="checkbox"/> Sarasota/Manatee	<input type="checkbox"/> Southwest (Ft. Myers area)
<input type="checkbox"/> Sugar Dunes	<input type="checkbox"/> Suwannee Valley (Gainesville area)	<input type="checkbox"/> Tampa Bay	<input type="checkbox"/> Treasure Coast (Vero Beach area)
<input type="checkbox"/> Member-at-Large (State/National/International)			

2.2 Membership Category (Select one): Florida National International

2.3 Membership Type (Select one):

<input type="checkbox"/> Massage Therapy Student (Enrolled)	<input type="checkbox"/> Florida Licensed Massage Therapist	<input type="checkbox"/> National Massage Practitioner	<input type="checkbox"/> Associate Member (Non-LMT)
<input type="checkbox"/> Associate Massage School	<input type="checkbox"/> Associate Business Member	Business Website: _____	

2.4 Membership Annually Monthly (Does not include liability insurance)

III. PROFESSIONAL LIABILITY INFORMATION

FSMTA's exclusive liability insurance package is offered through the Allied Professionals' Insurance Purchasing Group

(FOR QUESTIONS 1 THROUGH 5: IF YOU ANSWER YES, PROVIDE FULL DETAILS ON A SEPARATE SHEET)

COVERAGE - \$2,000,000 per claim, \$6,000,000 aggregate, professional, personal & advertising, premises, Occurrence reporting basis, and products liability insurance.

3.1 Has any malpractice allegation ever been asserted against you or your associates, or has there been any event or indication suggesting a claim may be made or that your care might have been deficient or caused harm? Yes No

3.2 Has any board, agency, association, or insurer investigated or taken any action involving you or your license / certification? Yes No

3.3 Have you ever had liability insurance refused, declined, canceled, or accepted on special terms? Yes No

3.4 Have you ever used any drug or substance that interfered with your ability to perform Massage Therapist duties? Yes No

3.5 Have you ever been charged with or convicted of any violation of the law other than a minor traffic offense? Yes No



FSMTA Membership Application Continued

III. PROFESSIONAL LIABILITY INFORMATION CONTINUED

- 3.6 Professions such as; Colon Hydrotherapy, Skin Care, Nutrition, Personal Trainer, etc. requires a separate application, if needed, please contact your program representative for the appropriate application. (Rate assessed is dependent on identifying the primary and sub professions)
- 3.7 If you use hot stones on your clients, please submit a signed hot stone addendum.
- 3.8 List any entity you want covered as an additional insured-include address: _____

IV. NOTICES, AGREEMENTS, SIGNATURE AND DATE

- 4.1 **FSMTA MEMBERSHIP NOTICE: To activate your Membership Benefits and to obtain your Membership Card and Certificate login to members.fsmta.org/benefits** Membership dues and legislative contributions are NON-REFUNDABLE. Dues are deductible by members as an ordinary and necessary business expense. In accordance with Section 6033(e)(2)(A) of the Internal Revenue code, members of the FSMTA are hereby notified that an estimated 10% of your FSMTA dues will be allocated to lobbying, political activities, and our legislative program and therefore are not deductible as a business expense.
- 4.2 **PROFESSIONAL LIABILITY INSURANCE NOTICE:** I hereby apply for coverage. If provided, charge my credit card for the amount indicated. I understand that it is my responsibility to familiarize myself with my policy, including Article VI, which provides a description of the professional massage coverage, and if I have a concern, to notify my program representative so I can confirm whether the coverage is appropriate for me. I hereby declare that the above statements are true, and I have not misstated or suppressed any facts. I agree and understand that my policy is issued in reliance upon such statements, that such statements are deemed material, that untrue statements could void my insurance and that this declaration shall be a basis of, and form a part of my policy. I understand that this is a Claims Made policy which will only cover claims made during the policy period arising out of the rendering, or of failure to render, professional services subsequent to the retroactive date and that there is no guarantee that coverage will be renewed. I understand that if the policy terminates for any reason, there is no coverage for claims reported after the termination date (even though the injury occurred while the policy was in force), unless Extended Coverage is purchased within 30 days after termination. I understand that, if coverage is granted, I shall have the duty to report in writing, within 48 hours, or as soon as practicable, any incidents reasonably likely to involve this insurance, including oral or written patient complaints, threats, or filings of lawsuits.
- 4.3 **AGREEMENT:** By signing this application you agree to actively support the FSMTA's Mission and the Massage Therapy Profession. You further agree to abide by the organizations Constitution, Bylaws, Polices, Procedures, Ethics, Professional Code of Conduct, applicable State Statues, Florida State Statues 480, 456 and Rules 64B7, and all applicable federal, state, local laws and regulations.
- 4.4 **Signature:** _____ **Date:** _____

V. PAYMENT OPTIONS AND PROCESSING

5.1 Membership and insurance Options:			5.2 Payment Processing	
<input type="checkbox"/> FSMTA Student Membership:	@ \$ 50.00 =	\$	<input type="checkbox"/> Check/Money Order made payable to FSMTA	
<input type="checkbox"/> FSMTA Professional Membership:	@ \$125.00 =	\$	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard
<input type="checkbox"/> The FSMTA Legislative Program promotes our profession and works to protect our rights and scope of practice. Please show your professional support by contributing the equivalent of "just one" massage session for the year or more.		\$	<input type="checkbox"/> Discover	<input type="checkbox"/> American Express
<input type="checkbox"/> FSMTA Professional Liability Insurance:	@ \$135.00 =	\$	Credit Card #: _____	
<input type="checkbox"/> Business Personal Property: ((\$10,000 Limit - \$500 deductible - Lloyd's of London Policy)	@ \$135.00 =	\$	Expiration Date: _____	
Processing Fee:	@ \$ 15.00 =	\$ 15.00	Billing Zip Code: _____	
Total Annual Amount Due:		\$	3-4 Digit Security Code: _____	

I hereby authorize FSMTA to charge the above amount to my credit/debit card as checked above. If I have selected the monthly membership plan, I hereby authorize FSMTA to charge 12 installments of \$14.95 monthly.

Print Name on Card: _____

Signature of Card Holder: _____ Date: _____