



FSMTA NEW MEMBERSHIP APPLICATION

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 Tampa, FL 33624
 Phone: 407-786-3307
 Fax: 813-422-7966
 Email: Info@fsmta.org



I. CONTACT AND PRACTICE INFORMATION

Full Name (First, Middle, Last)		Office or Establishment Name	
Office or Establishment Address (include Suite #)		City	State Zip
Mailing Address (if different from office address) (include Suite #)		City	State Zip
Office Phone	Cell Phone	Fax	Email
Massage License #	State Issued	Issue Date	License Current? (Yes / No) Birth Date (M,D,YY)
Massage School	School Website	Date Completed	Referred by

II. FSMTA MEMBERSHIP INFORMATION

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

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

2. **Membership Category** (Select one): Florida National International

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: _____	

4. **Payment Option** (Select one): Annual 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 8: IF YOU ANSWER YES, PROVIDE FULL DETAILS ON A SEPARATE SHEET)

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

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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Has any board, agency, association, or insurer investigated or taken any action involving you or your license / certification?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you ever had liability insurance refused, declined, canceled, or accepted on special terms?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Have you ever used any drug or substance that interfered with your ability to perform Massage Therapist duties?	<input type="checkbox"/> Yes <input type="checkbox"/> No

III. PROFESSIONAL LIABILITY INFORMATION CONTINUED

5. Have you ever been charged with or convicted of any violation of the law other than a minor traffic offense? Yes No
6. Do you practice any other Profession (s) such as; Colon Hydrotherapy, Nutrition, Personal Trainer, Skin Care, Yoga etc.? Yes No
 If Yes, please list: _____
 (If yes, we may be able to provide a quote for coverage for this profession. Please contact us for details)
7. Do you use hot stones on your clients? If yes, please submit a signed hot stone addendum. Yes No
8. List any entity you want covered as an additional insured (AI)-include address (Note: If you are seeking an establishment license, then the additional insured endorsement must have the same entity name and address as is on the establishment license application):
 AI Entity Name: _____ AI Address: _____
 AI Entity Name: _____ AI Address: _____

IV. NOTICES, AGREEMENTS, SIGNATURE AND DATE

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.

PROFESSIONAL LIABILITY INSURANCE NOTICE: I, the applicant, hereby apply for membership/coverage and declare that I signed/typed my name below, that the above statements are true, and that I have not misstated or suppressed any facts. I 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 if coverage is granted, I shall have the duty to report in writing, as soon as practicable, any incidents reasonably likely to involve this insurance, including oral or written patient complaints, or threats or filings of lawsuits. I hereby authorize release of information to Allied Professionals' Insurance Services for any underwriting or claim-related inquiry, from any Massage Therapy professional association, licensing board or health care organization. I understand that there is no guarantee that coverage will be renewed.

AGREEMENT: By signing/Typing below 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.

Signature: _____ **Date:** _____

V. PAYMENT OPTIONS AND PROCESSING

Membership and insurance Options:			Payment Processing	
<input type="checkbox"/> FSMTA Professional Membership:	@ \$125.00 =	\$ _____	<input type="checkbox"/> Check/Money Order made payable to FSMTA <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> American Express Credit Card #: _____ Expiration Date: _____ Billing Zip Code: _____ 3-4 Digit Security Code: _____	
<input type="checkbox"/> FSMTA Professional Liability Insurance:	@ \$135.00 =	\$ _____		
<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"/> Business Personal Property (\$10,000 Limit - \$500 deductible - Lloyd's of London Policy)	@ \$135.00 =	\$ _____		
Processing Fee:	@ \$15.00 =	\$ 15.00		
Total Annual Amount Due:		\$ _____		

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: _____