



Membership Application/Renewal Form & Invoice
July 1, 2019 – June 30, 2020

Contact Information

Message Therapy Board/Agency Name			
Office Address		Office Phone	
		Fax Number	
Message Therapy Board/Agency Contact			
Main Email Address			

Member Board Attestation

Member Board Attestation:

As Chief Administrative Officer* for _____ (board/agency name), I hereby attest to this agency's decision to join the Federation of State Massage Therapy Boards, and pledge that this agency will comply with the provisions and requirements set forth in the Bylaws of the Federation and accompanying policies.

 Signature of Chief Administrative Officer

 Date

 Name & Title of Chief Administrative Officer

*The Chief Administrative Officer, as defined in the FSMTB Bylaws, is the "Individual who shall have the role and responsibility for directing and managing the day-to-day performance and supervision of the administrative duties and functions for which the board or agency is responsible".

Calculate Amount Due

The annual membership fee for the Federation is \$500 base plus an additional \$0.40 per licensee as of April 1, 2018. (Not to exceed \$2,800.00)

Base Fee.....	=	\$ 500.00	+
License Fee: Number of licensed massage therapists as of April 1: _____ X \$0.40	=	\$ _____	
Total	=	\$ _____	
Total Membership Fee	=	\$ _____	
		(Max \$2,800)	

Payment

Amount Enclosed/ Please Charge: \$ _____ Payment: Check Visa MasterCard
(Max \$2,800)

Credit Card Number: _____ Exp. Date: _____ 3-digit security #: _____

Cardholder Name: _____ Cardholder Signature: _____

Send Receipt of Payment to (Name & Email): _____

FSMTB's FEIN: 37-1515680

Membership Grant Request: The FSMTB Board of Directors will consider 2019-2020 membership grants for those members experiencing financial hardship. Please complete this form and send it, along with a formal written request to Debra Persinger, Executive Director, at dpersinger@fsmtb.org

We look forward to another great year of working together to support the mission of public protection.



Message Therapy Board/Agency					
Key Staff	Name and Title		Phone	Email Address	Newsletter/ Communications*
Chief Administrative Officer / Director					X
Administrative Staff					
Additional Support Staff					
Legal Counsel					
Chief Investigator					
Board Member Name <i>(List all current and terms completed in last 12 months)</i>	T=Therapist P= Public	Position (Chair, Vice Chair, etc)	Term (mm/yy – mm/yy)	Email Address	Newsletter/ Communications*
		Chair			X

*Monthly electronic newsletters and all membership and legislative communications are always sent to the Chair of the Board and the Chief Administrative Officer. Please check the box above if additional staff or board members would like to receive the newsletter.

Please submit the completed forms along with the membership fee by July 1, 2019 to FSMTB:
By Mail: FSMTB **OR** **By Email:** lsimmons@fsmtb.org
 7111 West 151st Street, Suite 356
 Overland Park, KS 66223