

**Contact Information**

Message Therapy Board/Agency Name			
Office Address		Office Phone	
Mailing Address		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.

\_\_\_\_\_  
Name & Title of Chief Administrative Officer Date

\*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, 2020. (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 =	\$ _____		
	<b>Total Membership Fee =</b>	<b>\$ _____</b>		<b>(Max \$2,800)</b>

**Payment Method**

Amount Enclosed/ Please Charge: \$ \_\_\_\_\_ by:  Check  Visa  MasterCard  
Send checks to FSMTB 7300 College Blvd. Suite 650, Overland Park, KS 66210  
 FSMTB's FEIN: 37-1515680  
 (Max \$2,800)

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

Billing Address: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_ Cardholder Signature: \_\_\_\_\_

Send Receipt of Payment to (Name & Email): \_\_\_\_\_

*If you have concerns about the security of mailing or emailing credit card information, you may call FSMTB at 913.681.0380.*

<input type="checkbox"/> <b>Request a Membership Grant</b>	<p>The FSMTB Board of Directors will consider 2021-2022 membership grants for those members experiencing financial hardships. Please complete the steps below.</p> <ol style="list-style-type: none"> <li>1. Send a written request for a grant to Debra Persinger, Executive Director, at <a href="mailto:dpersinger@fsmtb.org">dpersinger@fsmtb.org</a>.</li> <li>2. Complete this form indicating your intention to request a grant and submit it to <a href="mailto:lsimmons@fsmtb.org">lsimmons@fsmtb.org</a>.</li> </ol>
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Massage Therapy Board/Agency					
Key Staff	Name and Title		Phone	Email Address	Newsletter/ Communications*
Chief Administrative Officer / Director					<input checked="" type="checkbox"/>
Administrative Staff					
Additional Support Staff					
Legal Counsel					
Chief Investigator					
Board Member Name <i>(List all current)</i>	T=Therapist P= Public	Position (Chair, Vice Chair, etc)	Term (mm/yy – mm/yy)	Email Address	Newsletter/ Communications*
					<input checked="" type="checkbox"/>

\*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 Newsletter/Communications box above if additional staff or board members would like to receive the newsletter.

**Please submit the completed forms along with the membership payment by July 1, 2021 to FSMTB:**  
**By Mail:** FSMTB **OR** **By Email:** [lsimmons@fsmtb.org](mailto:lsimmons@fsmtb.org)  
 7300 College Boulevard, Suite 650  
 Overland Park, KS 66210