

RMTAO ASSOCIATE MEMBERSHIP 2025-2026 Membership Year

Thank you for choosing membership with the Registered Massage Therapists' Association of Ontario for the 2025-2026 membership year (October 1, 2025– October 1, 2026) as an Associate Member. Please complete each of the sections on this form as they will allow us to better serve you and to ensure that you get the most out of your membership.

** Denotes mandatory fields for enrolment*

SECTION 1: PERSONAL INFORMATION			
First Name*		Last Name*	
CMTO Reg. No		Inactive Date	

SECTION 2: CONTACT INFORMATION			
Please indicate if this is your: Business Address <input type="checkbox"/> OR Home Address <input type="checkbox"/>			
Organization Name			
Position Title			
Address*			
City*	, ON	Postal Code*	
Telephone*		E-mail*	
IMPORTANT INFORMATION			
<input type="checkbox"/> Yes!	I would like to be listed on the Member Directory provided through RMTAO allowing fellow members to locate me through the RMTAO Website.		
<input type="checkbox"/> Yes!	Stay Up To Date! - I would like to be included in all electronic correspondences from the RMTAO including notices of legislation and regulation changes, membership renewal, continuing education opportunities, The Friday File and updates on the advocacy work that my association is conducting.		

SECTION 3: ASSOCIATE MEMBER VALIDATION		
<i>Please answer each question.</i>	Yes	No
Are you a Registered Massage Therapist currently or formerly registered with the College of Massage Therapists of Ontario?	<input type="checkbox"/>	<input type="checkbox"/>
Are you no longer practicing or no longer practicing in the Province of Ontario?	<input type="checkbox"/>	<input type="checkbox"/>
Have you previously been an Active or Student member of the RMTAO within the past 12 months?	<input type="checkbox"/>	<input type="checkbox"/>
Are you a member of another Massage Therapist Association in Canada that adheres to a requirement for 2200 hours of training or to its competency based equivalent?	<input type="checkbox"/>	<input type="checkbox"/>
Are you a member in good standing of a Regulated Health Profession and its related Professional Association?	<input type="checkbox"/>	<input type="checkbox"/>
Are you a Registered Massage Therapist employed on a part-time or full-time basis as an instructor, technician, teacher's assistant, clinic/outreach supervisor or administrator in a massage therapy program recognized by the Ministry of Training, Colleges and Universities?	<input type="checkbox"/>	<input type="checkbox"/>

All of the information collected on this form will be used to update your RMTAO member data and for communications from the RMTAO in the management and administration of your benefits. All information will be maintained in the strictest of confidence in accordance with the RMTAO's Policy on Privacy. No information will be released to outside suppliers and/or advertisers without your prior consent. The RMTAO may, from time to time, provide members with information about other benefits or services available to them; however, this information will be sent directly from the RMTAO or its agents.



Registered Massage Therapists'
Association of Ontario

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SECTION 4: FLEX- MEMBERSHIP (BUILD YOUR OWN PACKAGE)– select all that apply:			
		Fee	Including tax
<input checked="" type="checkbox"/>	Associate Membership* <i>(Associate membership is required before being able to select any of the optional member services below.)</i>		
Included Benefits	<input checked="" type="checkbox"/> RMTAO Membership Certificate		
	<input checked="" type="checkbox"/> Access to RMTAO Resources (Record Keeping Resources, Interprofessional Collaboration Toolkit, HST Guideline and much more)		
	<input checked="" type="checkbox"/> Subscription to <i>Massage Therapy Today: Putting Knowledge into Practice</i>		
	<input checked="" type="checkbox"/> Access to <i>The Learning Curve</i> , the RMTAO Education Program		
	<input checked="" type="checkbox"/> View opportunities listed in the Career Centre, with reduced posting fees		
	<input checked="" type="checkbox"/> 50 issues of <i>The Friday File</i> , our weekly e-newsletter		
	<input checked="" type="checkbox"/> Free access to Perkopolis, a members-only discount program		
	<input checked="" type="checkbox"/> Find out about local Community-Based Networks and join in discussions		
	<input checked="" type="checkbox"/> Access to cell phone plan discounts through TELUS or Rogers		
	<input checked="" type="checkbox"/> Practice management software discounts through ClinicSense or Noterro		
	<input checked="" type="checkbox"/> Access to point of sale discounts through Alliance Merchant Services		
	<input checked="" type="checkbox"/> Discounts on workwear through Mark's		
	<input checked="" type="checkbox"/> Discounts on patient education resources through Physitrack		
	<input checked="" type="checkbox"/> Discounts on accounting and tax support with FBC		
	<input checked="" type="checkbox"/> Office space or treatment room rental discounts through Intelligent Office		
<input checked="" type="checkbox"/> Discounts on massage products and courses through OrthoCanada			
	\$144.99 (+ \$18.85 HST)		\$165.84
Optional	<input type="checkbox"/> Health Benefits Insurance Program Enrolment Fee	(\$24.00 + \$3.12 HST)	\$27.12
	<input type="checkbox"/> Home and Auto Insurance Program Enrolment Fee	(\$24.00 + \$3.12 HST)	\$27.12
	<input type="checkbox"/> Personal Accident Disability Insurance Program Enrolment Fee	(\$12.00 + \$1.56 HST)	\$13.56
	<input type="checkbox"/> GoodLife Fitness Program Enrolment Fee <i>(to gain access to discounted gym memberships)</i>	(\$25.00 + \$3.25 HST)	\$28.25
TOTAL			\$ ()

Section 4: Payment	
Method of Payment – Pay by credit card (full payment is due upon receipt of application)	
<input type="checkbox"/> VISA or MasterCard	<input type="checkbox"/> Cheque made payable to the RMTAO enclosed
Card No. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Exp. <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <small>(Month / Year)</small>
Card Holder's Name (Please print)	Card Holder's Signature

Thank you for being part of the RMTAO!

**Registered Massage Therapists'
Association of Ontario**
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Join / Renew on-line
RMTAO.COM

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