

RMTAO RETIRED 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* | |
| CMTA Reg. No | | Date of Retirement | |

| SECTION 2: CONTACT INFORMATION | | | |
|--------------------------------|--|---------|--------------|
| 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: RETIRED MEMBER VALIDATION | | |
|---|--------------------------|--------------------------|
| <i>Please answer each question.</i> | Yes | No |
| Are you a Registered Massage Therapist 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 Associate member of the RMTAO for the past 10 years? | <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.

RMTAO RETIRED MEMBERSHIP 2025-2026 Membership Year

| SECTION 4: FLEX- MEMBERSHIP (BUILD YOUR OWN PACKAGE)– select all that apply: | | | |
|--|--|-----------------------------------|---------------|
| | | Fee | Including tax |
| <input checked="" type="checkbox"/> | Retired Membership* <i>(Retired membership is required before being able to select any of the optional member services below.)</i> | | |
| Included | <input checked="" type="checkbox"/> RMTAO Membership Certificate | \$78.99 (+ \$10.27 HST) | \$89.26 |
| | <input checked="" type="checkbox"/> Subscription to <i>Massage Therapy Today: Putting Knowledge into Practice</i> | | |
| | <input checked="" type="checkbox"/> 50 issues of <i>The Friday File</i> , our weekly e-newsletter | | |
| | <input checked="" type="checkbox"/> Find out about local Community-Based Networks and join in discussions | | |
| | <input checked="" type="checkbox"/> Free access to Perkopolis, a members-only discount program | | |
| | <input checked="" type="checkbox"/> Access to cell phone plan discounts through TELUS or Rogers | | |
| | <input checked="" type="checkbox"/> Discounts on accounting and tax support with FBC | | |
| 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!