



Membership Renewal Form 2008

Massage New Zealand Inc | PO Box 4131 | HAMILTON EAST 3247 | www.massagenewzealand.org

PERSONAL DETAILS Mr Mrs Miss Ms (Circle one)

Last Name _____ First Name _____

Postal Address
 Street _____ Suburb/RD _____
 City _____ Post Code _____
 A/hrs Phone _____ Mobile _____
 Email _____ Your Website: www. _____

Clinic Address (if different from above)
 Street _____ Suburb/RD _____
 City _____ Post Code _____ Phone _____

Which of the following do you practice

<input type="checkbox"/> Aromatherapy Massage	<input type="checkbox"/> Foot Reflexology	<input type="checkbox"/> On-site Chair Massage
<input type="checkbox"/> Acupressure	<input type="checkbox"/> Gerontology	<input type="checkbox"/> Pregnancy Massage
<input type="checkbox"/> Bowen Therapy	<input type="checkbox"/> Indian Head Massage	<input type="checkbox"/> Sports Massage
<input type="checkbox"/> Craniosacral Therapy	<input type="checkbox"/> Infant Massage	<input type="checkbox"/> Swedish Massage
<input type="checkbox"/> De Mousgraffe Method of Healing	<input type="checkbox"/> Manual Lymph Drainage	<input type="checkbox"/> Therapeutic Massage
<input type="checkbox"/> Energy Systems Massage	<input type="checkbox"/> Myofascial Release (MFR)	<input type="checkbox"/> Trigger Point Therapy
<input type="checkbox"/> Fascial Kinetics (a Bowen Therapy)	<input type="checkbox"/> Neuromuscular Therapy (NMT)	
<input type="checkbox"/> Other modalities _____		

MEMBERSHIP RENEWAL FEES - (Make sure you circle one of the levels below)

RMT \$195 CMT \$195 Associate \$95 Student \$50 Affiliate \$50 \$ _____

AAMT Magazine \$45 \$ _____

Do you have a website? We can put it on our Find A Therapist page for \$25 \$ _____

TOTAL \$ _____

Ongoing Training Evidence required
 RMTs to show evidence of 20 hrs on-going training. CMTs and Associates to show evidence of 8 hrs on-going training

Annual Practising Certificate
 (RMT, CMT and Associate members only)
 Print name to appear on Practising Certificate _____

I have read and understood the MNZ Code of Ethics and agree to abide by the rules. The Code of Ethics is displayed in a public place in my practice.

Signature of Member _____ Date _____ 2008

CHECKLIST

Form completed and signed Evidence of on-going training Evidence of current First Aid Certificate

Membership renewal fee of \$ _____

Payment Options, please tick one

Crossed cheque, made out to Massage New Zealand

Internet banking to: MNZ, ASB A/c 12 3178 0064216-00 Date paid: _____

Please charge my Credit Card No _____ Expiry date: _____

Card Holder Name _____ Card Holder Signature _____

OFFICE ONLY 1st Aid Cert Train Evid Cert issued Received Databased

Dear Member

Please make sure to supply training evidence in order for us to supply your Practising Certificate! Your hours are completely covered if you have attended the full Conference 2007 !!!!!

DEVELOPMENT HOURS

These can be in form of workshops, lectures, correspondence courses, self study with documentation of subject/ hours study etc. We would like to remind you that your professional development hours will be fully covered for the year if you attend our AGM and workshops for the entire conference.

Massage and Body Work Courses

- Sports massage
- Reflexology
- Bowen Therapy
- Reiki
- Acupressure
- Energy Work
- Lymphatic Drainage
- Cranial Sacral
- Massage other Cultures eg Thai, Hawaiian
- Connective Tissue Massage
- Infant Massage

Practitioner Development

- NLP - Neuro Linguistic Programming
- Certificate in Adult Teaching
- Business Skills
- Personal Growth
- AGM/Workshops
- Massage Teaching
- Anatomy/Physiology
- Herbal
- Counseling
- Other Health Therapies, eg Homoeobotanicals

Kind regards ☺



Record Of Professional Development Hours For Annual Practising Certificate

Please attach copies of evidence and record your training below. Thank you for your efforts

RMT 20 hours professional development courses or 40 hours over two years. Have a current first aid certificate

CMT 8 hours professional development courses or 16 hours over two years. Have a current first aid certificate

Assoc 8 hours professional development courses or 16 hours over two years. Have a current first aid certificate

DATE	NAME OF COURSE ATTENDED	COURSE INSTRUCTOR	NO OF HOURS	TOTAL TIME