



Membership application

Please fill out the form, **sign** and return it to the head office at the following address:
2285, rue St-Pierre, Drummondville (Québec) J2C 5A7

The fee for the study of your file is \$45.99 taxes included (non-refundable)
Method of payment: Certified check / Money Order/Credit Card Visa or Master Card

PERSONAL ADDRESS

MRS.

MR.

MM / DD / YYYY

First name

Last name

Date of birth

Address

Apt.

City

Province

Postal Code

(_____) _____
Telephone

(_____) _____
Cell phone

(_____) _____
Fax

E-mail

Web Site

Region (circle or underline your region)

01 BAS-SAINT-LAURENT

02 SAGUENAY-LAC-SAINT-JEAN

03 NATIONAL CAPITAL

04 MAURICIE

05 ESTRIE

06 MONTRÉAL

07 OUTAOUAIS

08 ABITIBI-TÉMISCAMINGUE

09 CÔTE-NORD

11 GASPÉSIE ÎLES-DE-LA-MADELEINE

12 CHAUDIÈRE-APPALACHES

13 LAVAL

14 LANAUDIÈRE

15 LAURENTIDES

16 MONTÉRÉGIE

18 CENTER OF QUEBEC

17 OUT OF PROVINCE

PROFESSIONAL ADDRESS

Employer

Address

City

Province

Postal Code

(_____) _____
Telephone

(_____) _____
Cell phone

(_____) _____
Fax

E-mail

Web Site



REMEMBER TO INCLUDE YOUR PHOTOGRAPHY (REQUIRED)



PROFESSIONAL TRAINING

Check the graduated techniques :

✦ Please attach a copy of your notes statement, diplomas and certificates. ✦

Techniques and schools frequented :

Massage therapy (400 hours) School : _____

Massage therapy (1000 hours) School : _____

Kinesitherapy School : _____

Orthotherapy School : _____

Naturotherapy School : _____

Other, specify :

QUESTIONNAIRE (circle the answer)

1- Are you member of another association? Yes No
If yes, specify : _____

2- Do you hold a residence permit in Canada, **authorized by Immigration Canada to work in Canada?** Yes No
If yes, attach, if necessary: photocopy of birth certificate or immigration document received or certificate of citizenship.

3- Have you ever been refused a professional membership of an association/ order in a province, state or country? Yes No

4- Are you under investigation or involved in the prosecution of a province, state or country that could obstruct your registration with Mon Réseau plus, or any other association / order? Yes No

5- Have you been the subject of a decision by a Canadian court declaring you guilty of a criminal offense who, in the opinion of the Association, has a connection with the exercise of the profession of massage therapist, kinesiologist, orthotherapist, naturopath, naturotherapist? Yes No

6- Have you been the subject of a disciplinary decision made in Quebec by a disciplinary committee of an order and / or an association imposing the revocation of a license, who in the opinion of the Association, has a connection with the exercise of the profession of massage therapist, kinesiologist, ortho-therapist, naturopath, naturotherapist?	Yes	No
7- Do you work with homemade equipments (Massage table)?	Yes	No
8- How would you like to receive the association's journal? (read and sign annex 1)	Internet	Mail
10-If we have requests for employers in search of therapists, would you like your name to be on the list?	Yes	No

Annex 1

YOUR ASSOCIATION SEES GREEN

With a purpose to protect the environment we would like to communicate with our members by e-mail. Furthermore, it would be faster than the traditional way. We offer to send you all your communiqués by e-mail.

I, _____ hereby commit myself to read all correspondence of Mon Réseau + and disclaim the latter from any responsibilities relative to the delay of reading my e-mails should it be due to computer problems and/or any other reasons.

Please print clearly.

E-mail address : _____ @ circle your supplier

@abacom.com

@globetrotter.net

@aol.com

@hotmail.com

@bellnet.ca

@msn.com

@cgocable.ca

@netscape.ca

@cablovision.com

@sympatico.ca

@cooptel.qc.ca

@telupton.com

@distributel.net

@yahoo.ca

@gmail.com

@videotron.ca

other : @ _____

Chart for application fees (to pay in accordance with the month of subscription).

Subscription fee as of :		Amount (taxes included)
January	(2 months)	\$35.45
February	(1 month)	\$17.72
March	(12 months)	\$212.70
April	(11 months)	\$194.98
May	(10 months)	\$177.26
June	(9 months)	\$159.54
July	(8 months)	\$141.81
August	(7 months)	\$124.09
September	(6 months)	\$106.36
October	(5 months)	\$88.62
November	(4 months)	\$70.89
December	(3 months)	\$53.16

Professional commitment

I pledge to respect the association's professional code of ethics and the regulations / rules of the latter which have been read and I accept the penalties if I violate one or more of these Regulations / Articles or commitments on my part.

I, _____, hereby, certify that I am **18 years old** and over and I am the person applying for this membership to Mon Réseau Plus and that all statements are true and complete. I understand that any falsification of information on this application will result in a cancellation of membership and privileges as a professional member

Signature : _____ Date : _____

Before sending my application I have included :

- recent photography (preferably passport size);
- photocopy of proof of identity (driver's license, health insurance card, passport, birth certificate, ect.);
- photocopies of notes statement, diplomas and certificates;
- my payment for the file studying fee (\$45.99 taxes included);
- my payment for the membership fee (see chart above).

Please make your payments on behalf of : **monréseau+**

2285, rue St-Pierre, Drummondville (Quebec) J2C 5A7
Telephone : 819 472-2500 / Toll free : 1 800 461-1312
Fax : 819 472-2900
E-mail : info@monreseauplus.com
www.monreseauplus.com

PLEASE TAKE NOTE THAT YOU CAN PAY YOUR MEMBERSHIP OR YOUR INVOICES WITH VISA OR MASTERCARD BY FILLING OUT THIS DOCUMENT.

VISA OR MASTER CARD PAYMENT

AUTHORIZATION REQUIRED BY :

monréseau+

Association professionnelle
des massothérapeutes spécialisés du Québec

FOR A MEMBERSHIP, INVOICES OR A RENEWAL

AMOUNT OF THE TRANSACTION : _____ \$

OWNER OF THE CARD : _____

VISA, MASTER CARD NUMBER : _____

EXPIRATION DATE : _____

I the undersigned, authorize Mon Réseau Plus to make a payment of the invoice relative to my membership or to my renewal as a member of Mon Réseau Plus for the amount of which appears above. I signed :

Signature of the holder _____ Date _____

I the undersigned, authorize, for a period of one year from the present, that Mon Réseau Plus keeps in file my VISA or MASTER CARD number for all future billings of supplies ordered by me during that period. For any other method of payment I will inform the Association when ordering. Moreover, I can withdraw at any time this present authorization by sending a written to the head office of the Association

Signature of the holder _____ Date _____

This is a valid authorization to this effect.

Dear member,

Always mindful to try to offer good business opportunities, some trustworthy partners are asking us to collaborate with their projects. To do so, we make arrangements from time to time to allow them to use the member's list of "Mon Réseau plus" to offer you for example products or services we believe might be of interest..

The list of names contains personal information : **first and last name, address and e-mail address of each person.**

If you prefer that your name be taken off the list, please contact us at **1-800-461-1312.**



Martin Vallée
General Manager