

PLEASE READ THESE NOTES CAREFULLY WHEN  
COMPLETING YOUR APPLICATION FORM

**GENERAL INFORMATION**

Please complete the first section in BLOCK CAPITAL LETTERS throughout.

Your name will be inscribed on your Certificate of Membership exactly as written on your form, unless we are advised differently.

Certificates are issued first upon approval of entrance to the Society at the appropriate level. After that each year upon renewal a new seal is issued to place over the previous one.

**CATEGORIES**

Here we require you check if you are a new applicant to the Society, A Member renewing or a Member wishing to move to another category.

Please check which category you wish to be enrolled in.

**EDUCATION**

Under this section the requirement of the category are verified. PLEASE ASSURE THAT THIS SECTION IS COMPLETED. Please note that Students and Full categories request further information under Institutional Information.

**INSTITUTIONAL INFORMATION**

This section is for verification of training it is required to be filled out by new and transferring membership applications.

If your institution is accredited by the Council they shall be able to inform you. Accredited institutions usually provide information on graduates directly to the Society.

Individuals not from accredited training programs must provide as much information as possible regarding their training.

**CONTINUED EDUCATION**

The Society requires Members obtain a number of hours of continued education to maintain membership. This section is devoted to collecting that information. Please note those attended.

If you attended seminars not listed, please provide all information available and we shall submit it to the Education Committee for approval towards credits.

**INSURANCE**

The Malpractice and Liability Insurance of the Society is **MANDATORY** for Associate and Full Members. This section is to verify that you are carrying or have applied for the insurance. We remind Members that no funds are to be sent as the Insurer shall send a bill to the applicant. Insurance is payable by the 1st of September in each year, failure to pay by that date could result in cancellation.

The policy provides:

\$1,000,000.00	Comprehensive Liability
\$1,000,000.00	Malpractice Liability
\$ 5,000.00	Equipment
\$ 25,000.00	Tenant Improvements & Legal Liability

**DECLARATION**

Rules of the Society and Code of Ethics

Before making application for membership, all applicants should read carefully the Rules, Aims and Objectives of the Society as set out in this handbook, with particular reference to the Code of Ethics of the Society, (Rule 3).

We remind applicants that once they have been provided entrance to the Society the Rules, Aims and Objectives of the Society are binding upon them.

**Be sure you understand the requirements of membership. It will be your responsibility to know the Bylaws of the Society.**

## L.C.S.P. CANADIAN BRANCH MEMBERSHIP APPLICATION FORM

Name \_\_\_\_\_  
(As you would like it on certificate)

Home Address \_\_\_\_\_ City \_\_\_\_\_

Prov. \_\_\_\_\_ Postal Code \_\_\_\_\_

Work Address \_\_\_\_\_ City \_\_\_\_\_

Prov. \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone Home \_\_\_\_\_ Clinic \_\_\_\_\_ Cell: \_\_\_\_\_

Publish my phone # in Directory  Yes  No

### **CATEGORIES**

I would like to

- apply to the Society for membership (**See Education**)
- transfer my membership (**See Education**)
- renew my membership (**See Continued Education**)
- apply to write the entrance examination to the Society (**See Education**)

to the category of; (**All applicants/renewals check appropriate category**)

- Student  Affiliated  Full
- Non-practicing (See Insurance Disclaimer)
- Retired (See Insurance Disclaimer)

**All applicants/renewals must fill out Insurance section**

### **EDUCATION**

Student category/Non-Practicing

I am enrolled in a training program of Massage Therapy with the \_\_\_\_\_  
training establishment. (**Go to institution information**)

Affiliated

I am required to maintain a membership in a separate governing body for massage therapists in the province in which I am residing \_\_\_\_\_ (enter name of governing body in line provided and send a copy of your membership certificate). I am eligible for this membership category also because I meet all the educational and membership requirements of the LCSP Canadian Branch (ie: Associate or Full membership) and/or I am a member in good standing.

Full

I have completed training to the required level, and have enclosed a copy of my diploma (see institution information) from the \_\_\_\_\_ institution. I have also completed the required number of hours for entrance into this category as is requested in Section 4(C) of the Rules Aims and Objectives. (at least 2200 hours of instruction) I have enclosed documentation to this as is required. (**Go to institution information**)

**INSURANCE DISCLAIMER**

Affiliated

I am a member of a separate governing body for massage therapy and therefore am required to take out their mandatory insurance. I do not require extra insurance.

Non Practicing

I am not practicing at the present time and wish to have my membership transferred to the Non-practicing category. I realize I shall not be eligible for insurance.

Retired

I am retired from practice but wish to continue as a member of the Society. I understand I shall not be eligible for Insurance.

Fellowship

I am a Fellow of the Society.

**INSTITUTION INFORMATION**

The institution from which I obtained my training is

an accredited institution with the Society. **(Go to insurance)**

not an accredited institution with the Society. I have enclosed the course curriculum as well as all other related information which reflects the training program. ***Information must include: Duration and dates of training including whether full or part time, qualifications and certificates held, a copy of course curriculum, marks provided by the institution, a letter of verification from the training institution.***

**INSURANCE (not applicable to Affiliated/Student)**

Malpractice Verification

I understand that it is mandatory to carry the Malpractice and Liability Insurance of the Society if I am applying as a Full Member.

I have filled out the application for such and have mailed it to the Insurer.

**(No funds submitted at this time, billing to be sent by Insurer)**

I will fill out the application once I have passed the entrance exam, received my Society membership number and am actively practicing.

Signature \_\_\_\_\_

**MEMBERSHIP DECLARATION**

I have read the Bylaws of the Society and agree to abide by them. I have asked for acceptance into this Society of my own free will and understand fully the requirements of membership.

Signed this \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_ Signature \_\_\_\_\_

**ENTRANCE EXAM APPLICANTS DECLARATION**

