

Affix attachments listed in Section 8 HERE
 NB: Applications without correct documentation attached will be returned.

Student Membership Upgrade Form 2011/12



Massage New Zealand Inc | PO Box 4131 | HAMILTON EAST 3247 | membership@massagenewzealand.org.nz | Ph: 0800 367 669

Please print clearly. Optional details are marked with an asterisk.

SECTION 1 : PERSONAL DETAILS (NB: This information will *not* be included in the MNZ Website)

First Name: **Last Name:**.....
Ph (home): **Residential Address:**
Mobile: **Street and No:**
Fax: **Suburb / RD**
Email:..... **City:**
Male € **Female** € **Postcode:**
Ethnicity: NZ European/Pakaha €, Maori €, Pacifica €, Asian €, European €, Other.....

SECTION 2 : CLINIC DETAILS (NB: This information WILL be included in the MNZ Website -RMT and CMT members only- and WILL be viewable by the public)

***Clinic Name:** ***Work Phone:**.....
***Clinic Address:**..... ***WorkFax:**.....
Suburb / RD ***Mobile:**.....
City: *** Postcode:** *** Your Website:**.....
***Email:**.....

SECTION 3 : PRACTICE DETAILS

Please tick services you deliver in your workplace:

- | | | |
|---|--|--|
| <input type="checkbox"/> Acupressure | <input type="checkbox"/> Hot Stone Massage | <input type="checkbox"/> Polarity Therapies |
| <input type="checkbox"/> Aromatherapy Massage | <input type="checkbox"/> Indian Head Massage | <input type="checkbox"/> Pregnancy Massage |
| <input type="checkbox"/> Bowen Therapy | <input type="checkbox"/> Infant Massage | <input type="checkbox"/> Quantum Touch |
| <input type="checkbox"/> Craniosacral Therapy | <input type="checkbox"/> Kinesiology | <input type="checkbox"/> Swedish Massage |
| <input type="checkbox"/> Cupping | <input type="checkbox"/> Manual Lymph Drainage | <input type="checkbox"/> Shiatsu Massage |
| <input type="checkbox"/> De Mousgraffe Method of Healing | <input type="checkbox"/> Mirimiri | <input type="checkbox"/> Soft Tissue Therapy |
| <input type="checkbox"/> Dorn Therapy | <input type="checkbox"/> Muscle Energy Techniques | <input type="checkbox"/> Sports Massage |
| <input type="checkbox"/> Energy Systems Massage | <input type="checkbox"/> Myofascial Release (MFR) | <input type="checkbox"/> Therapeutic Massage |
| <input type="checkbox"/> Fascial Kinetics (a Bowen Therapy) | <input type="checkbox"/> Neuromuscular Therapy (NMT) | <input type="checkbox"/> Reiki |
| <input type="checkbox"/> Foot Reflexology | <input type="checkbox"/> Oncology Massage | <input type="checkbox"/> Remedial Massage |
| <input type="checkbox"/> Gerontology | <input type="checkbox"/> On-site Chair Massage | <input type="checkbox"/> Trigger Point Therapy |
| | <input type="checkbox"/> Ortho-bionomy | |
- Other modalities
 Qualifications (50 words max).....

 Experience (50 words max).....

SECTION 4 : MESSAGE EDUCATION

Highest Massage Qualification:

Trained at:

Date Qualification received: First Aid Certificate Expiry Date:

SECTION 5 : MEMBERSHIP LEVEL - √ the Membership level you are applying for:

RMT (Remedial Massage Therapist)

CMT (Certified Massage Therapist)

SECTION 6 : REQUIRED DOCUMENTATION

The documentation listed below must be enclosed with your Application to upgrade your Membership of MNZ. Applications received without the correct documentation attached will be returned for resubmission.

- ◇ Copy of approved Degree, Massage Diploma or Certificate qualification.
- ◇ Copy of current First Aid Certificate.