

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

# Membership Application Form 2010-11



Massage New Zealand Inc | PO Box 4131 | HAMILTON EAST 3247 | admin@massagenewzealand.org.nz | FII: 0800 367 069

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

## SECTION 1 : PERSONAL DETAILS (NB: This information will be included in the MNZ Website database but WILL NOT be viewable or accessible by the public)

**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 : PRACTISE DETAILS (For website as per Section 2)

**Please tick services you deliver in your workplace:**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Acupressure                        | <input type="checkbox"/> Hakomi                      | <input type="checkbox"/> Polarity Therapies    |
| <input type="checkbox"/> Aromatherapy Massage               | <input type="checkbox"/> Hot Stone Massage           | <input type="checkbox"/> Pregnancy Massage     |
| <input type="checkbox"/> Bowen Therapy                      | <input type="checkbox"/> Indian Head Massage         | <input type="checkbox"/> Quantum Touch         |
| <input type="checkbox"/> Craniosacral Therapy               | <input type="checkbox"/> Infant Massage              | <input type="checkbox"/> Swedish Massage       |
| <input type="checkbox"/> Cupping                            | <input type="checkbox"/> Kinesiology                 | <input type="checkbox"/> Shiatsu Massage       |
| <input type="checkbox"/> De Mousgraffe Method of Healing    | <input type="checkbox"/> Manual Lymph Drainage       | <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"/> On-site Chair Massage       | <input type="checkbox"/> Remedial Massage      |
| <input type="checkbox"/> Gerontology                        | <input type="checkbox"/> Ortho-bionomy               | <input type="checkbox"/> Trigger Point Therapy |

- Other modalities .....  
 Qualifications (50 words max).....  
 .....  
 Experience (50 words max).....  
 .....

## SECTION 4 : MESSAGE EDUCATION (Students and Affiliates go to Section 5)

Highest Massage Qualification: .....

Trained at: .....

Date Qualification received: .....

First Aid Certificate Expiry Date: .....

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

- RMT (Remedial Massage Therapist) annual fee: \$195.00; pro-rata per quarter: \$50.00
- CMT (Certified Massage Therapist) annual fee: \$195.00; pro-rata per quarter: \$50.00
- Associate annual fee: \$95.00; pro-rata per quarter: \$25.00
- Student annual fee: \$50.00; pro-rata per quarter: \$12.50
- Affiliate annual fee: \$50.00; pro-rata per quarter: \$12.50

- ◇ A \$40 non-refundable administration fee is charged for RMTs, CMTs and Associates. Students and Affiliates are exempt.
- ◇ RMTs, CMTs and Associates will be invoiced for annual membership fees after applications have been approved.
- ◇ Students and Affiliates should include annual membership fees with their applications.

Membership is renewed annually from 1 April. Pro-rata fees for those joining during the year are charged quarterly as follows:

<b>1st quarter to 30 June;</b>	<b>2nd quarter to 30 September;</b>	<b>3rd quarter to 31 December;</b>	<b>4th quarter to 31 March</b>
Pay full annual fee	Pay pro-rata fee × 3	Pay pro-rata fee × 2	Pay pro-rata fee × 1

## SECTION 6 : REQUIRED DOCUMENTATION and ENCLOSURES

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

### 1 RMTs, CMTs and Associates must enclose:

- Copy of approved Degree, Massage Diploma or Certificate qualification
- Copy of current Comprehensive First Aid Certificate
- Statutory Declaration
- Non-refundable Administration Fee: \$40.00

### 2 RMTs, CMTs and Associates with an overseas qualification or one that does not meet industry standards:

- Copy of Massage Degree, Diploma or Certificate qualification
- Transcript of course content and hours from Institution where training took place
- Copy of current Comprehensive First Aid Certificate
- Statutory Declaration
- Non-refundable Administration Fee: \$40.00

### 3 Associates:

- Copy of Massage Diploma or Certificate qualification
- Letter of recommendation from other massage therapist or health professional
- Copy of current Comprehensive First Aid Certificate
- Statutory Declaration
- Non-refundable Administration Fee: \$40.00

### 4 Students: (No administration fee required)

- Proof of student status eg College stamp+ signature / letter from College
- Statutory Declaration
- Membership Fee of \$50.00

### 4 Affiliates: (No administration fee or documentation required)

- This membership is for anyone who would like to receive the MNZ Magazine/Newsletter (eg universities, colleges, polytechnics, other associations and other health practitioners or members of the public.
- Membership fee of \$50.00

*Place College stamp + signature here*

## SECTION 7: APPLICATION FEE AND PAYMENT OPTIONS

**A non-refundable administration fee of \$40.00 is payable with this application. Students and affiliates are not required to pay this fee.**

Please tick one of the following methods of payment:

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: .....

## SECTION 8 : CHECKLIST OF ATTACHMENTS

I have included with my application: *(Please tick)*

Administration fee of \$40.00 (RMT/CMT/Associates)

Copy of Degree/Diploma/Certificate (RMT/CMT/Associates)

Copy of current Comprehensive First Aid Certificate (RMT/CMT/Associates)

Letter of Recommendation, member fee (Associates)

Transcript of course content and hours (o/seas)

Statutory Declaration (All)

Proof of student status, member fee (Students)

## SECTION 9 : DECLARATION

To my best knowledge and belief the information in this application is true and, if accepted as a member of Massage New Zealand, I agree to abide by the Constitution, Rules and Code of Ethics of Massage New Zealand. I agree to display the MNZ Code of Ethics in a clearly visible place in my clinic.

Signature:.....

Date: .....

**SECTION 10 : STATUTORY DECLARATION**  
**(to be completed by all RMTs, CMTs, Associates and Students)**

I, .....  
(Your Name) ..... (Your Occupation)

of .....  
(Your Address)

do solemnly and sincerely declare as follows:

**✓ Tick the true statements**

I have not at any time been convicted of any criminal offence in New Zealand or elsewhere.

OR

I have been the subject of the following offences in New Zealand or elsewhere: (give details)

.....  
.....

I have not at any time been the subject of any disciplinary proceedings in New Zealand or elsewhere.

OR

I have been the subject of disciplinary proceedings in New Zealand or elsewhere. (give details)

.....  
.....

I make this solemn declaration conscientiously believing the same to be true and by virtue of the provisions of the Oaths and Declarations Act 1957.

Declared at .....  
(Name of town/city where Declaration made)

on this ..... day of ..... 20.....)

Name of Declarant: .....  
(Print clearly in block letters) ..... (Signature of Declarant)

Name of Witness: .....  
(Print clearly in block letters) ..... (Signature of Witness)

**NB: The witness must be a Justice of the Peace (JP), solicitor, court official or other authorised person (eg minister of religion, police officer). JPs in your area can be found under "J" in the yellow pages.**