

Affix attachments listed in Section 7 HERE  
 NB: Applications without correct documentation attached will be returned

# Membership Renewal Form 2010/11



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

**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:** .....

## SECTION 2 : CLINIC DETAILS (NB: This information WILL be included in the MNZ Website and WILL be viewable by the public)

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

## SECTION 3 : PRACTISE DETAILS

**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 : ANNUAL PRACTISING CERTIFICATE REQUIRED: YES / NO**

Name to appear on your Practising Certificate (*Print clearly*) .....

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: .....20.....

**SECTION 5 : MEMBERSHIP LEVEL AND AAMT MAGAZINE**

Circle the level you are applying for

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

\$ .....

N.B. **Affiliate** level is for training institutions or health related businesses, not for individual therapists.

**Associate** level is for therapists who do not have the required qualifications for registration at CMT or RMT level.



*Students - Place College stamp + signature here*

**SECTION 6 : AAMT MAGAZINE**

AAMT Magazine \$60 (4 x issues per year: winter, spring, summer, autumn)

\$ .....

**TOTAL:** \$ .....

**SECTION 7 : PAYMENT OPTIONS**

**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: .....

