



**Membership Application/Renewal Form & Invoice**  
**July 1, 2017 – June 30, 2018**

**Contact Information**

Massage Therapy Board/Agency Name			
Office Address		Office Phone	
		Fax Number	
Massage Therapy Board/Agency Contact			
Main Email Address			

**Calculate Amount Due**

**The annual membership fee for the Federation is \$500 base plus an additional \$0.40 per licensee as of April 1, 2017. (Not to exceed \$2,800.00)**

Base Fee..... = \$ 500.00

License Fee: Number of licensed massage therapists as of April 1: \_\_\_\_\_ x \$0.40 = \$ \_\_\_\_\_ +

Total = \$ \_\_\_\_\_

**Total Membership Fee = \$ \_\_\_\_\_**  
(Max \$2,800)

**Payment**

Amount Enclosed/ Please Charge: \$ \_\_\_\_\_ Payment:  Check  Visa  MasterCard  
(Max \$2,800)

Credit Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ 3-digit security #: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_ Cardholder Signature: \_\_\_\_\_

Send Receipt of Payment to (Name & Email): \_\_\_\_\_

**FSMTB's FEIN: 37-1515680**

<input type="checkbox"/> <b>Membership Grant Request:</b>	The FSMTB Board of Directors will consider 2017-2018 membership grants for those members experiencing financial hardship. Please complete this form and send it, along with a formal written request to Debra Persinger, Executive Director, at <a href="mailto:dpersinger@fsmtb.org">dpersinger@fsmtb.org</a> .
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**Member Board Attestation:**

As Chief Administrative Officer\* for \_\_\_\_\_ (board/agency name), I hereby attest to this agency's decision to join the Federation of State Massage Therapy Boards, and pledge that this agency will comply with the provisions and requirements set forth in the Bylaws of the Federation and accompanying policies.

\_\_\_\_\_  
 Signature of Chief Administrative Officer Date

\_\_\_\_\_  
 Name & Title of Chief Administrative Officer

\*The Chief Administrative Officer, as defined in the FSMTB Bylaws, is the "Individual who shall have the role and responsibility for directing and managing the day-to-day performance and supervision of the administrative duties and functions for which the board or agency is responsible".

**We look forward to another great year of working together to support the mission of public protection.**



Message Therapy Board/Agency					
Key Staff	Name & Title		Phone	Email Address	Newsletter/ Communications*
Chief Administrative Officer / Director					X
Administrative Staff					
Additional Support Staff					
Legal Counsel					
Chief Investigator					
Board Member Name (List all current and terms completed in last 12 months)	T=Therapist P= Public	Position (Chair, Vice Chair, etc)	Term (mm/yy – mm/yy)	Email Address	Newsletter/ Communications*
					X

\*Monthly electronic newsletters and all membership and legislative communications are always sent to the Chief Administrative Officer and to the Chair of the Board. Please check the box above if additional staff or board members would like to receive the newsletter.

**Please submit the two completed forms along with the membership fee by July 1, 2017 to FSMTB:**  
**By Mail:** FSMTB **OR** **By Email:** [lsimmons@fsmtb.org](mailto:lsimmons@fsmtb.org)  
 10801 Mastin Blvd, Suite 350  
 Overland Park, KS 66210