



AICM Sports Massage Team
Application

Name: _____

Address: _____

City, State, Zip: _____

Email Address: _____

Primary Phone #: _____ Secondary Phone # _____

AMTA Member: YES NO Membership Number _____

WA License Number _____ (please submit a current copy)

Liability Insurance Provider _____ (please submit a current copy)

Team Status: \$50 Professional AMTA, ABMB, NCB
 \$25 Professional non-AMTA, ABMB, NCB
 \$0 Student (*students, list school or mentor*) _____

If a new applicant, list Sports Massage classes or workshops you have attended in the space below. Please include school, class name, instructor's name, dates, and hours attended. (*Skip this if you are renewing membership*)

Please list your shirt size _____ Do you prefer a ladies' Tee? Size _____

Make check payable to AICM-SMT and remit with application to

AICM-SMT

4365 Inverness Ave

Post Falls, ID 83854

If you have questions, please call Jeane at (208) 660-3046

She can also be reached via email at:

jeaneplastinowood@ymail.com

Enclose copies of your license, education certificates, and proof of current insurance along with your application