Association Canadienne des Thérapeutes en Médecines Douces

APPLICATION FORM
STUDENT

General Information: *INSTRUCTIONS Write in clear block letters.*	
Family name:	**First name:**
Date of birth:	Place of birth:
Languages spoken :	
Sex: F □ M □	
Are you a member of another association or gathering? Y □ N □	
If so, the name and membership number:	
How have you heard about the ACTMD?	
Do you do house calls? Y □ N □	
Do you offer treatments within companies? Y □ N □	
Do you work with children? Y □ N □ teenagers? Y □ N □	
Would you be interested to participate in workshops? Y □ N □	
You would be interested to write articles? Y □ N □	
Have you ever been recognized guilty of a criminal malpractice? Y □ N □	
If so, specify nature and year of this malpractice:	
Have you been expulsed or suspended from an organism or other professional order? Y □ N □	
If so, specify reasons as well as year of being expulsed or suspended:	

Home address:	
Address:	App.:
City:	Province:
Postal code:	

Business address □ Same as home address:	
Address:	App.:
City:	Province:
Postal code:	

Phone number(s)	
Home:	Office:
Cell phone:	Pager
Fax:	E-mail:
WEB Site:	

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Specialization by field of studies

Massage therapist	☐	Techniques: _____					
Naturopath	☐	Kinesitherapist	☐	Homeopath	☐	Acupunctor	☐
Naturotherapist	☐	Physiotherapist	☐	Orthotherapist	☐	Kinesiologist	☐
Chiroprator	☐	Osteopath	☐	Physical rehabilitation therapist (PRT)			☐
Hypnosis	☐	NLP Master	☐				

Others:

Geographic location (choose only one)

New-Brunswick	☐	Ontario	☐	North of Quebec	☐
Estrie	☐	Outaouais	☐	Saguenay/Lac St-Jean	☐
Gaspésie/I.D.M.	☐	Chaudière/Appalache	☐	Estrie	☐
Quebec City	☐	Laval	☐	Bas St-Laurent	☐
Côte-Nord	☐	Lanaudière	☐	Mauricie/Bois Franc	☐
Abitibi/Témiscamingue	☐	North-Shore	☐	Laurentiens	☐
Montérégie	☐	Mtl/West-Island	☐	Mtl/Snowdon-C.D.N.	☐
Mtl/Sud-Ouest	☐	Mtl/Westmount	☐	Mtl/Outremont	☐
Mtl/Villeray-Pte. Patrie	☐	Mtl/Verdun-I.D.S	☐	Mtl/Lasalle	☐
Mtl/Hochelaga-Maisonneuve	☐	Mtl/Riv. Des Prairies	☐	Mtl/St-Laurent	☐
Mtl/Rosemont	☐	Mtl/N.D.G.	☐	Mtl/Centre-Sud	☐
Mtl/St-Michel	☐	Mtl/Downtown	☐	Mtl/East	☐
Mtl/Anjou	☐	Mtl-Nord	☐	Mtl/Plateau	☐
Mtl/Ahuntsic	☐	Mtl/Mercier	☐		

Others:

Must be a Canadian citizen or have the Canadian right of residency or have a valid Canadian work permit delivered by Canada Immigration.

Requests from persons not born or native from Québec, please include a proof of citizenship or legal residency.

<u>To become a student member:</u>
- Enclose a copy or a proof of your inscription at a school accredited by ACTMD;
- Enclose a copy of your birth certificate;
- Enclose 1 current picture passport size;
- Enclose a copy of resume.

6650 rue de la Bataille, La Prairie (Québec) J5R 0K9
Appels locaux: (514) 648-8111 / No. sans frais:1-866-648-8111
www.actmd.org

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Free subscription – For one year

I undersigned, certify:

- I have read and understand the terms of my adhesion request;
- I am the solicitor and that all information included in my request form are truthful and accurate;
- I assure that all the diplomas, certificates, attestations of notes, documents and information provided to the ACTMD are truthful.
- I freely consent and understand that ACTMD keeps on file all the information which I shall send in a written, oral, computerized way or any other form.
- I acknowledge that all practitioner's documents or membership certificate (s), statements are the ACTMD property. In the eventuality and for whatever reasons that I am no longer member, I engage myself to return to the head office the certificate (s), the practitioner's statements or any other documentation asked by the direction of ACTMD within ten (10) days of the cancellation of my status of member.
- It is understood that these informations remain confidential.

Date: _____ Signature: _____

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