



# Tennessee Massage Therapy Association

Insurance Agent: Jones & Mitchell Co.

## Professional Membership Application

TMTA  
c/o Jane Spencer  
105 Jesse Dr., Byhalia, MS 38611  
(662) 890-7783

**Please Print All Information \* Incomplete Applications Cannot Be Processed**

\_\_\_ I am applying for renewal of membership in the Tennessee Massage Therapy Association. Member # \_\_\_\_\_

\_\_\_ I am hereby applying for membership in the Tennessee Massage Therapy Association.

Name: Mr./ Mrs./ Ms. (As you want it to appear on your certificate): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Business Name for "Locate a Massage Therapist" listing: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

State Massage License # \_\_\_\_\_ Other Occupation? \_\_\_\_\_

Do you hold any other state massage licenses: Yes \_\_\_ No \_\_\_ State \_\_\_\_\_

STUDENT: Name & Address of School: \_\_\_\_\_

STUDENT: Date of Graduation: (Mo.) \_\_\_ (Yr) \_\_\_ STUDENT: Expected Date of Application for TN License: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Willing to receive newsletter via e-mail: Yes \_\_\_ No \_\_\_

<b>Membership Options</b>	Insurance includes professional (malpractice) liability, general (premises or 'slip & fall') liability, and product liability coverage. U.S. Residents Only.	
<b>Professional Membership:</b> (Without Insurance).....	\$70.00	\$ _____
<b>Professional Membership:</b> (With Insurance).....	\$215.00	\$ _____
<b>Student:</b> (Free—Good until graduation, then apply as a new professional member).....	FREE	FREE
<b>Student:</b> (Free Membership Plus Student Insurance).....	\$122.00	\$ _____
<b>Friends of TMTA:</b> (Non/Retired professionals).....	\$ 25.00 (each)	\$ _____
	<b>Amount Paid</b>	<b>\$ _____</b>

Are you currently covered by a Professional Liability Policy? With whom, if yes? \_\_\_\_\_ Expires? \_\_\_\_\_

What is your date of birth? (MM/DD/YY) (Required for Insurance Application): \_\_\_\_\_

**Method of Payment**

Check (Make payable to TMTA and send to above address. Do not send cash. U.S. Funds only.)  
**NOTE: A \$50.00 fee will be charged for returned checks.**

Credit Card (We accept Visa or MasterCard)       Visa       MasterCard

Card Number (Please print clearly)      3-Digit Auth. Code      Expiration Date      Cardholder's Signature

**Agreement**

FOR PROFESSIONAL AND STUDENT MEMBERS ONLY: Please understand that TMTA is a service organization promoting massage therapy in Tennessee. Joining is a declaration of your interest in working to promote the profession and unity among massage therapists. Please be prepared to serve in some capacity to achieve these goals. Your personal involvement is a requirement for membership. I attest to the best of my ability that all of the above information is true. Further, I understand that if any of this information is discovered to be false, my application will be rejected. Also, I have read the TMTA Code of Ethics and Membership Oath and agree to abide by their guidelines.

\_\_\_\_\_  
Signature (REQUIRED)      Date

# Tennessee Massage Therapy Association

## MEMBERSHIP OATH

By my signature below, I hereby covenant the following:

1. I have read the By-laws, Constitution, and Code of Ethics of the Tennessee Massage Therapy Association (TMTA), and hereby agree to abide by said By-laws, Constitution, and Code of Ethics.
2. I am a professional massage therapist/bodyworker licensed by the State of Tennessee. I agree that our primary goal is to promote massage therapy/bodywork in general but especially in Tennessee.
3. I realize at times there may be personal differences between members. However, I agree that our secondary goals are respectful tolerance, unselfish cooperation and fellowship among professional massage therapists/bodyworkers.
4. As an authorized holder of a massage therapy license from the state of Tennessee, I agree to abide by all the codes of professional conduct as set forth in the Massage Therapy Act of 1995.
5. I will voluntarily submit my resignation from the TMTA should a majority of the Board of Directors determine that I am ever guilty of any of the following acts of misconduct:
  - a. Being convicted or found guilty of a crime in any jurisdiction which directly relates to the practice of massage therapy/bodywork, or the ability to practice this profession, or to any of the following acts of misconduct. Any plea of nolo contendere shall be considered a conviction for purposes of this act.
  - b. Engaging in false, deceptive, or misleading advertising, or making deceptive, untrue, or fraudulent representations in the practice of massage therapy/bodywork.
  - c. Engaging, or attempting to engage, or offering to engage a client in sexual activity, including any genital contact, within a client/therapist relationship. A client shall be presumed to be incapable of giving free, full and informed consent to sexual activity with his/her therapist.
  - d. Failing to practice massage therapy/bodywork with reasonable care, skill, and safety to clients which is a recognized professional standard, by reason of malpractice or illness, or the misuse of alcohol, drugs, narcotics, chemicals, or any other substance, or as a result of any mental or physical condition.
  - e. Being found guilty of violating the professional codes of conduct as set forth in the Massage Therapy Act of 1995 resulting in a revocation of my license from the state of Tennessee. In this event, I understand there should be no refund of dues for the current year. I further agree to hold harmless any and all members of the Board of Directors of TMTA in this action, or any part of the TMTA, individually or as a whole.

## CODE OF ETHICS

Massage therapists/bodyworkers shall:

- Serve and educate clients and the public about the benefits of massage therapies/bodywork.
- Promote unity within the profession
- Promote massage therapies/bodywork and other healing modalities in the communities served.
- Continue to promote professional excellence through continuing education, mastering skills used in practice, having a deep commitment to highest quality care.
- Practice within the scope of training and experience, referring clients to appropriate health care providers when another form of treatment or diagnosis is medically or ethically needed.
- Honor the value of the client without prejudice, honor the confidentiality of session time communications and procedures, and honor the responsibilities of our professional boundaries.
- Act to build and maintain sound mental, physical, and emotional health as an individual member of the healing arts profession.

