

CARIBBEAN ASSOCIATION OF MASSAGE & BODYWORK PRACTITIONERS



C.A.M.B.P.
MEMBERSHIP FORM
PLEASE FILL OUT IN BLOCK LETTERS

PASSPORT
SIZE
PICTURE

Mr / Mrs / Ms:

First Name

Middle Name

Surname

Date of Birth: Age: Gender: Male () Female ()

Disabilities / Allergies:

Identification No: ID / DP / Passport Nationality:

Address:

Mailing Address: (if different from home)

Religion:

Significant Profession:

Contacts:

Work

Cell 1

Cell 2

Home

Fax

Email 1

Email 2

Name of Massage Therapy School Attended:

Address of School:

Name of Certificate / Degree / Diploma:

Date Awarded: Issue Date of License: LMT No:

Certificate of Character - Preferred but not mandatory. CAMBP RESERVES THE RIGHT TO ASK FOR THIS DOCUMENT AT ANY TIME DURING YOUR MEMBERSHIP OR UPON APPLICATION THEREOF

Type of Massage/Bodywork Practice: Sports Massage () Therapeutic Massage () Thai Yoga Massage ()
Kinesio Taping () Orthopedic Massage () Roling () Tui Na () Cupping () Cranio Sacral Therapy () Lomi
Lomi () Chair Massage () Reflexology () Geriatric Massage () Watsu () Bamboo Massage () Ashiatsu ()
Oncology Massage () Other: Traditional Bodywork Practitioner ()
Other: (Please Specify) _____

Do you practice: Full Time () Part Time () House Calls ()

Membership Category: () Class A (LMT/CMT/DMT Certified Bodywork Practitioner) () Class B (Certificate Levels 3/4) () Class C (Student Member) () Honorary Member

DECLARATION: I hereby certify to the best of my knowledge and understanding that all the information I have stated in this application is true and accurate, and that any pertinent information inter-alia required that was withheld or proven to be false will cause my membership to be cancelled or considered void.

Signed: Date:

Recommended By: _____

FOR OFFICIAL USE ONLY

Data Verified By

Date Verified:

Approved By

Date Approved: