



Annual Membership Form

DATE: _____

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP CODE: _____

PHONE: HOME _____ CELL: _____

EMAIL: _____

ACTIVE RETIRED

WEBSITE: _____

PRACTICE DESCRIPTION: _____

\$75 Professional membership to the RMTA-NA (Includes AHA Membership)

\$55 Friends and Supporters of RMTA-NA

_____ **Donation to RMTA-NA General Fund**

_____ **Donation for Designated Purpose:** _____

_____ **Total**

Please mail this form together with your check payable to RMTA of NA to:

**Rhythmical Massage Association of North America
c/o Sabrina Ford, Treasurer
208 Kennedy Avenue, Louisville, KY 40206
502-899-5189
info@rhythmicalmassagetherapy.org**

Thank you for your support of our organization!

Your dues and contributions help defray costs of continuing education, administration, publication and outreach. Information about our activities can be found on our website:

rhythmicalmassagetherapy.org