



Annual Membership Form

DATE: _____

NAME: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: HOME: _____ CELL: _____

EMAIL: _____

WEBSITE: _____

ACTIVELY WORKING: YES NO

\$75 Professional Membership to RMTA of NA (Includes AHA Membership)
AHA Listing: YES NO

\$55 Friend and Supporter of RMTA of NA

\$_____ Donation to RMTA of NA General Fund

\$_____ Donation for Designated Purpose: _____

\$_____ Total

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

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

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