



## APPLICATION FORM

### FQM registration

Personal and strictly confidential information

Last name: _____	Date of birth: _____
First name: _____	Tel. (home) : _____
Address: _____ App: _____	Tel. (cell) : _____
City: _____	Fax: _____
Postal code: _____	E-mail: _____

#### ACADEMIC TRAINING

SCHOOL, COLLEGE OR UNIVERSITY	PROVINCE, COUNTRY	YEAR	DEGREE OR CREDITS

#### TRAINING IN MASSAGE THERAPY

Name of the massage therapy school	
Studied technic	

I, the undersigned, declare that the information provided on this form and on the training form is accurate and to be used for establishing my eligibility for Federation membership. I understand this information will remain strictly confidential. I realize that a false or misleading statement could constitute grounds for refusal.

Are you a member of another professional association? Yes  No

If so, indicate its name \_\_\_\_\_

**ATTENTION: During the file processing period, I undertake to refrain from using the name of the FQM, either verbally or in writing, for use in any form of publicity. Only when I receive my active membership card will I be authorized to identify myself as a member in good standing of the Federation.**

\_\_\_\_\_  
SIGNATURE OF CANDIDATE

\_\_\_\_\_  
DATE

*The Federation reserves the right to refuse or expel any candidate or member if there exists serious grounds for believing that such person could harm the reputation of the profession or the Federation.*