



FILE OPENING

Signing up with the FQM

Personal and strictly confidential information

Last Name : _____ Date of birth : _____
First Name : _____ Tel. (res.) : _____
Address : _____ Apt. _____ Tel. (work) : _____
City : _____ Fax number : _____
Postal Code : _____ Email : _____

ACADEMIC BACKGROUND

| SCHOOL, COLLEGE, OR UNIVERSITY | PROVINCE, COUNTRY | YEAR | DIPLOMA OR CREDITS |
|--------------------------------|----------------------|------|--------------------|
| | | | |
| | | | |
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MASSAGE THERAPY TRAINING

| | |
|------------------------------------|--|
| Name of the massage therapy school | |
| Technique studied | |

I, the undersigned, declare that the information provided on this form, as well as the information on the training form, is accurate and complete, I give the Federation permission to verify all information provided. I understand that this information will remain strictly confidential. I acknowledge that any false or misleading statement may be grounds for refusal of admission.

Are you a member of another professional association? Yes ☐ No ☐

If yes, enter the name: _____

ATTENTION : During the entire process of opening a file, I agree not to use the name of the FQM, either verbally or in writing, in any form of advertising whatsoever. Only the receipt of my active membership card will authorize me to associate myself as a member in good standing of the Fédération québécoise des massothérapeutes.

CANDIDATE SIGNATURE

DATE

The Federation reserves the right to refuse or expel any applicant or successful member if it has serious reason to believe that such person may be detrimental to the reputation of the profession or the Federation.