



# Commitment form

Massage therapy, a technique, a profession...  
Health, Prevention and Well-Being

Please complete everything and answer the questions in block letters letters.

First name : _____	Membership number
Last name : _____	# _____
<b>1. Are you or have you ever been a member of another professional association?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If so, please write the name : _____	
<b>2. Have you ever been denied membership in another professional association?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If so, please explain : _____ _____ _____	
<b>3. Have you ever been the subject of disciplinary measures in another professional association?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If so, please explain : _____ _____ _____	
<b>4. Are you currently the subject of an investigation or legal proceedings that could prevent you from practicing massage therapy?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>5. Have you ever been found guilty by a provincial or federal court of an offence that could prevent you from practicing massage therapy?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>6. Would you like to be referred to the AMQ® website as a massage therapist?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	

