



2024 CMMOTA Membership Annual Declaration Form

- This form must be filled out and completed on an annual basis in order for Membership Renewal to be approved.

Member Name: _____ Member Number _____

Member Mailing Address: _____

Member Phone Number: (main) _____ (alt) _____

Member Email Address: _____

If you entered any new information above, should we update your profile to reflect this new information YES NO

I hereby declare the following (please mark checkboxes with an X):

Statement 1 – I have entered into a peace bond agreement or have been charged with, pleaded guilty to, or been found guilty of any offence inside or outside of Canada that is inconsistent with the proper professional behaviour of a massage therapist, including a conviction under any of the following for which no pardon has been granted: the *Criminal Code* (CANADA), or the *Controlled Drugs and Substances Act* (CANADA).

YES NO

If yes, please provide an explanation: _____

Statement 2 – I have been the subject of an investigation or disciplinary process in a jurisdiction that regulates massage therapists or manual osteopathic therapists, or by another association which represents these professions.

YES NO

If yes, please provide an explanation: _____

Statement 3 – I have been found guilty of a disciplinary finding in a jurisdiction that regulates massage therapists or manual osteopathic therapists, or by another association which represents these professions.

YES NO

If yes, please provide an explanation: _____



Statement 4 – I have had a licensing sanction imposed by a jurisdiction that regulates massage therapists.

YES NO

If yes, please provide an explanation: _____

Statement 5 – I have had my membership revoked by another association.

YES NO

If yes, please provide an explanation: _____

Statement 6 – I am currently a member of another professional association or regulatory college. (E.g., Nurses Association, Manual Osteopathic Association, Massage Association, College of Massage Therapy of Ontario, etc.)

YES NO

If yes, please provide an explanation: _____

Statement 7 – I have read and understand the membership requirements for my class of membership.

YES NO

If no, please provide an explanation: _____

I, _____, declare my answers to these statements to be true, and understand that a false declaration would be a fraudulent act, and may result in my removal from the association, and subsequent action that may be taken against me either through civil or legal means.

Signature of Member _____

Signed this _____ day of _____, 20____ at _____.

(day) (month) (year) (city, province)