



MEMBERSHIP ENROLLMENT & CONFERENCE REGISTRATION FORM

JOIN the ALLIANCE *Check your category and dues amount*

GOLD LEVEL	
<input type="checkbox"/> SCHOOL MEMBER	\$ 500
<input type="checkbox"/> CE PROVIDER MEMBER	\$ 150
<input type="checkbox"/> TEACHER MEMBER	\$ 100

ASSOCIATE LEVEL	
<input type="checkbox"/> SCHOOL MEMBER	\$100
<input type="checkbox"/> CE PROVIDER MEMBER	\$50
<input type="checkbox"/> TEACHER MEMBER	\$50

PAYMENT METHOD

- Check Enclosed
Payable to AFMTE
- VISA
- MasterCard
- Discover
- American Express

SUPPORTING MEMBER \$50

ALLIED MEMBER \$1000

2012 Annual Conference

Early Registration Fee (until April 15).....**\$395 Members | \$495 Non-members**

Regular Registration Fee **\$495 Members | \$595 Non-members**

Name of School, Company or Organization

(For Schools) Licensed/Approved by Longest Program - in Clock Hours Accredited by

Your Name and Job Title

Mailing Address

City State/Province Zip/Postal Code Country

Email Address Website

Office Phone Cell (if different) Fax

Credit Card Number ExpirationDate 00/0000 Card Security Code

Cardholder Signature Print name as it appears on the card

AMOUNT ENCLOSED

\$ _____
Membership Dues

\$ _____
Conference Registration

\$ _____
TOTAL

SCHOOL MEMBERS: *Include the following with this form:*

- ▶ Copy of state licence or approval to operate, or copy of exemption statute
- ▶ Copy of school catalog, or breakdown of curriculum

You have three ways to sign up:

- ▶ Mail this completed form with payment to
Alliance for Massage Therapy Education | 1760 Old Meadow Road, Suite 500, McLean VA 22102
- ▶ Go online to **www.afmte.org** and click the button for MEMBER AREA
- ▶ Call the Alliance Office at **703-506-2888** | Monday-Friday, 9:00am-4:30pm (eastern time)