



# APPLICATION FORM STUDENT

<b>General Information:</b> <i>INSTRUCTIONS Write in clear block letters <u>including accents</u>.</i>	
<b>Family name:</b>	<b>First name:</b>
Date of birth:	Place of birth:
Languages spoken :	
Sex:	F       M
Are you a member of another association or gathering?   Y       N	
If so, the name and membership number:	
Have you been referred to ACTMD by a member ?   Y       N     If yes, first and last name:	
Do you do house calls?   Y       N	
Do you offer treatments within companies?   Y       N	
Do you work with children?   Y       N     teenagers?   Y       N	
Would you be interested to participate in workshops?   Y       N	
You would be interested to write articles?   Y       N	
Have you ever been recognized guilty of a criminal malpractice?   Y       N	
If so, specify nature and year of this malpractice:	
Have you been expelled or suspended from an organism or other professional order?   Y       N	
If so, specify reasons as well as year of being expelled or suspended:	

<b>Home address:</b>	
Address:	App.:
City:	Province:
Postal code:	

<b>Business address</b> Same as home address:	
Address:	App.:
City:	Province:
Postal code:	

<b>Phone number(s)</b>	
Home:	Office:
Cell phone:	Pager
Fax:	E-mail:
WEB Site:	



## APPLICATION FORM STUDENT (Continuation)

<b>Specialization by field of studies</b>				
Massage therapist Naturopath Naturotherapist Chiroprator Hypnosis Others:	Techniques: _____ Kinesitherapist Physiotherapist Osteopath NLP Master	Homeopath Orthotherapist Physical rehabilitation therapist (PRT)	Acupunctur Kinesiologist	

<b>Geographic location (choose only one)</b>		
New-Brunswick Estrie Gaspésie/I.D.M. Quebec City Côte-Nord Abitibi/Témiscamingue Montérégie Mtl/Sud-Ouest Mtl/Villeray-Pte. Patrie Mtl/Hochelaga-Maisonneuve Mtl/Rosemont Mtl/St-Michel Mtl/Anjou Mtl/Ahuntsic Others:	Ontario Outaouais Chaudière/Appalache Laval Lanaudière North-Shore Mtl/West-Island Mtl/Westmount Mtl/Verdun-I.D.S Mtl/Riv. Des Prairies Mtl/N.D.G. Mtl/Downtown Mtl-Nord Mtl/Mercier	North of Quebec Saguenay/Lac St-Jean Estrie Bas St-Laurent Mauricie/Bois Franc Laurentiens Mtl/Snowdon-C.D.N. Mtl/Outremont Mtl/Lasalle Mtl/St-Laurent Mtl/Centre-Sud Mtl/East Mtl/Plateau

**To become a student member :**

- Must be a Canadian citizen or have the Canadian right of residency or have a valid Canadian work permit delivered by Canada Immigration.
- By having mastered one of Canada's two (2) official languages, French and English

**To become a student member, you must send us the following documents :**

- Enclose a copy or a proof of your inscription at a school accredited by ACTMD;
- Proof of Canadian citizenship or Canadian residency (if necessary)
- Proof of valid work permit (if necessary)
- Enclose a copy of your birth certificate;
- Enclose 1 current picture passport size;
- Enclose a copy of resume.

At the ACTMD, we pay particular attention to the environment

64 rue des Chèvrefeuilles, St-Jean-sur-Richelieu (Québec) J2W 0E7  
 Appels locaux: (514) 648-8111 / No. sans frais: 1-866-648-8111  
 www.actmd.org



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### Free subscription – For one year

I undersigned, certify:

- I have read and understand the terms of my adhesion request;
- I am the solicitor and that all information included in my request form are truthful and accurate;
- I assure that all the diplomas, certificates, attestations of notes, documents and information provided to the ACTMD are truthful.
- I freely consent and understand that ACTMD keeps on file all the information which I shall send in a written, oral, computerized way or any other form.
- I acknowledge that all practitioner's documents or membership certificate (s), statements are the ACTMD property. In the eventuality and for whatever reasons that I am no longer member, I engage myself to return to the head office the certificate (s), the practitioner's statements or any other documentation asked by the direction of ACTMD within ten (10) days of the cancellation of my status of member.
- It is understood that these informations remain confidential.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

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