



World Massage Council

Therapist Membership Joining Criteria

With you application, please include the following:

1. CV (brief) with number of years of experience
2. Qualifications / copies of certificates
3. Copy of Insurance (if applicable/required in your country)

Please email the completed form together with the above documents to:

info@worldmassagecouncil.com

We will process the information and send an email confirming we have received your application.



Therapist Membership Application Form

This form is to be completed by individuals wishing to become members of the World Massage Council. Please note the membership levels at the end of the form.

PERSONAL INFORMATION

First Name & Surname		Date of Birth	
Address			
Zip Code			
Email			
Contact phone number incl. country code			
Occupation			

QUALIFICATIONS (list your main qualifications)

1	
2	
3	
4	
5	
6	
Website	

MEMBERSHIP LEVEL APPLYING FOR - Please check only one box on the left side

Student	For current students undertaking a course of massage therapy study
Affiliate	For individuals who have qualified in allied health or bodywork fields and wish to seek membership with the WMC
Full	For individuals who have qualified in massage and/or bodywork and are practising or teaching within this area

I, the undersigned declare that I have provided accurate information and have uploaded an authentic copy of my qualifications and/or student registration document. If accepted as a WMC member I agree to abide fully by the WMC code of practice.

Signed		Date	
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