



Application for Membership

INTERNATIONAL MYOMASSETHICS FEDERATION, INC.

50582 Van Buren Drive
Plymouth, MI 48170
734/453-3939 — 888/IMF-4454
bfordyce@sbcglobal.net

Name _____
Last First Middle DATE

Address _____
Street Address City State ZIP

Phone _____
Residence Business Other

Date of birth _____ Social Security # _____ - _____ - _____

PROFESSIONAL TRAINING Are you licensed by a state or local agency? Yes _____ No _____
Name of agency _____ License Number _____

Massage School (Name, Location, Graduation Date) _____

Basic and/or advanced training _____

Instructor and date _____

Is massage your full-time occupation? _____ If not, what is your occupation? _____

Employed by _____

If self-employed, name of business, address, etc. _____

Type of membership desired: Active _____ Student _____

Other professional affiliations _____

— Submit With Application —

- 1) Two letters of recommendation from patients, patrons, or clients.
- 2) Two character references (excluding relatives and IMF members)
- 3) One photocopy each of diplomas or certificates.
- 4) One current photograph of applicant.
- 5) Dues: (Make check or money order payable to IMF)

Active \$100.00
Student \$ 75.00

Send **both** Application pages, all documentation, and check or money order, in the same envelope to above address.

**INTERNATIONAL MYOMASSETHICS
FEDERATION, INC. PLEDGE**

I hereby pledge to aid all those who request ethical services.

- I will do my best to uphold the highest standards of my profession.**
- I shall conduct myself and my business so that I will earn the respect of the general public and other professionals.**
- I will endeavor to help and share my knowledge with others in the Myomassethics profession, and aid them to live up to the principles that I have set up for myself.**
- If I fail in this endeavor, I agree that my membership shall be canceled by the International Myomassethics Federation, Inc.**
- If accepted, I shall abide by the IMF Bylaws, Code of Ethics, and Pledge.**
- Under penalty of perjury, I declare that I have not been convicted of a crime of moral turpitude.**

Signature of Applicant Date



For Official Use

Date received _____ References verified by _____

Approved By _____ Date _____
Review Committee Member

