



Oregon Massage Therapists Association (OMTA)

Application for Membership Renewal

Send to:
Heather Bennouri
8827 SW Blake St
Tualatin, OR 97062

Name, license information, complete address, and a minimum of one phone number are required. Please print clearly.

Mailing/OMTA Contact Information Message business name		Web site
Name		Nickname
OR LMT license # (or indicate "Student" or "School")	Year initially licensed	Current OR license expiration date
Mailing Address		Home phone (include area code)
City, State, Zip		Cell phone (include area code)
Email address (Touchstone, OMTA's journal, will be sent to this address.)		Massage phone (include area code)
Touchstone format: <input type="checkbox"/> Light (best for dial-up and low-ink printing) <input type="checkbox"/> Regular (high-speed internet connection, full color graphics) <input type="checkbox"/> Both		

All correspondence from OMTA is sent to the mailing address listed above.
OMTA has a public web directory of its therapists and a private listing directory of its members. Listing in both is free and optional. Please indicate your preferences as indicated. If you want to be listed in more than one city, it is \$5.00 per city for each additional listing in the directory and \$5.00 per city for each additional listing on the web site.

Web Site Listing (This is a public directory available online at www.omta.net)			
<input type="checkbox"/> Yes, please list me on the web site. My contact information is the same as above. (Leave the rest of this section blank.)			
<input type="checkbox"/> Yes, please list me on the web site. My contact information is different than above and the changes are indicated following.			
<input type="checkbox"/> No, please do not list me on the web site. (Leave the rest of this section blank.)			
Message business name		Web site	
Name		Nickname	
Address		Home phone (include area code)	
City, State, Zip		Cell phone (include area code)	
Email address		Massage phone (include area code)	
If you choose, you can include a brief description of your practice (up to 60 words)			
Second City Listing	Third City Listing	Fourth City Listing	x \$5.00 each=

Directory Listing (OMTA members-only directory for networking and referral purposes)			
<input type="checkbox"/> Yes, please list me in the Directory. My contact information is the same as my <input type="checkbox"/> Mailing information <input type="checkbox"/> Web site information			
<input type="checkbox"/> Yes, please list me in the Directory. My contact information is different than above and the changes are indicated following.			
<input type="checkbox"/> No, please do not list me in the Directory. (Leave the rest of this section blank.)			
Message business name		Web site	
Name		Nickname	
Address		Home phone (include area code)	
City, State, Zip		Cell phone (include area code)	
Email address		Massage phone (include area code)	
Second City Listing	Third City Listing	Fourth City Listing	x \$5.00 each=
Due to the high cost of printing, the Directory is offered online in PDF format. Printed copies are available upon request for those without Internet access.			
<input type="checkbox"/> I can access the directory online and help save money.		<input type="checkbox"/> Please mail me a printed copy.	

Please continue this application on the reverse side.

