

# Canadian Mesotherapy Association Canadienne de Mesotherapie

## CANADIAN MESOTHERAPY ASSOCIATION MEMBERSHIP

### Application for registration

Name:	Date of birth:
Address:	
Home phone:	Fax:
Email:	Website:

Note: An application package will be reviewed once all the above have been submitted.

The applicant agrees to uphold the ideals and professional code of conduct as required by the Association.

In the event of cessation of membership with (CMA) the membership certificate being the property of (CMA) will be duly returned.

Membership fee (cheque, money order): **DM** \$350 CDN, **MP** \$300 CDN

I certify that the above information and conditions of registration is true and complete

Print Name: \_\_\_\_\_ Initials: \_\_\_\_\_

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