

Washington Sports Massage Team

BENEFITS AS A TEAM MEMBER

- Be a part of a state organization of skilled sports massage practitioners
- Advertising: Name and phone listing in the team brochure, distributed to athletes and businesses
- WSMT shirt, name tag and team manual
- Reimbursement for event participation (75% of charged rate)
- Continuing education and updates of sports massage skills
- Eligible for awards and door prizes

TYPES OF MEMBERSHIP

Active Membership Status

Members who are up-to-date with annual team dues, documentation, and Skills Calibration, are active. Members are encouraged to participate in events because that's what WSMT is all about! To be eligible for awards, you must work at 3 or more events during a season. Providing a minimum of one sports massage at one location counts as one event. Providing sports massage to a fellow Team member who did not compete will count if not enough participants wanted massage.

The WSMT operates on a calendar year, Jan-Dec. Prior to the first event of the year, members must renew their membership upon receipt of Renewal Notice. Renewal fees are on a sliding scale based on team participation. Renewal fee is \$20 for team members who worked 3 or more events in the previous year, \$30 for 1-2 events, and \$40 for those who worked no events the previous year.

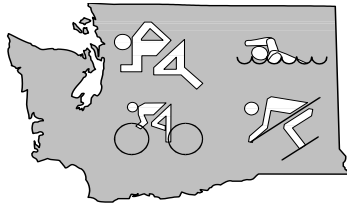
Students

Students currently enrolled in a massage program may join the team, with an instructor's signature. Students must also be Student Members of AMTA. This category is specifically designed for massage students who wish to gain the experience of sports massage and of the Team prior to graduation and licensing. Due to licensing requirements in Washington State, only licensed massage practitioners will be allowed to provide massage to the public at Team events. However, students may assist members in changing table paper, getting blankets or ice, working at the front table registering athletes, etc. Team membership for students will carry-over through the following year. For example, a student joining the team in March 2015 and graduating in May 2015 will have their WSMT membership carried through the end of 2016.

AWARD ELIGIBILITY

- The WSMT Memorial Educational Scholarship is awarded by random drawing of team members who have provided massage for at least 3 team events. The team member's name is entered once for every 3 events completed.
- The Marianne Gerst Award is voted upon by members who have provided massage for at least 3 team events. Nominees for this award must be of ACTIVE-3 Event status also.

Feedback, ideas and participation will make YOU and the WSMT a success! Each member is encouraged to take an active part in the Team's growth toward excellence. Watch the *Washington Massage Journal* and Chapter website www.amta-wa.org, for WSMT Calendar of events and info. Questions? Call Lisa Wabinga WSMT Coordinator Lisa Wabinga at 253-355-0337 or WSMT Director Grant Grubb at 253-229-8066.



Washington
Sports
Massage
Team

Mail to:
AMTA-WA
P.O. Box 1320
Maple Valley, WA 98038

New Member Application Form

Name (as it appears on state license) _____

Name for name tag _____

Mailing Address _____

City/State/Zip Code _____

Phone Number for Published Phone List _____

E-mail address _____

• Social Security Number or Tax ID Number: _____

• Unified Business ID Number: _____

We are required to have your UBI number. This allows us to pay you as an independent contractor. If you do not have a UBI #, go to <http://bls.dor.wa.gov/forms/700028.aspx> for info on obtaining one.

• State License Number _____ Expiration Date _____
Please Attach Copy

• AMTA Membership Number _____ Expiration Date _____
Please Attach Copy

• Student Currently Enrolled at _____ Graduation Date _____
Must be a Student Member of AMTA
Instructor Signature: _____

• 12 Hours of Sports Massage Training Yes _____ No _____
Please Attach Copy of transcript

Team Membership New Member Dues \$70.00 _____

Team Polo Shirt (one included in membership fee, extras \$35 each) _____
Circle one: XS S M L XL XXL

Team Polartec Vest (optional) \$43.00 _____
Circle one: Black or Gray Circle one: M L XL XXL

Total: _____

Have you enclosed the following:

- A copy of your Washington State Massage Practitioners License
- A copy of your AMTA membership card/certificate
- Verification of *sports massage* training (school transcript or certificate of completion)
- Check for the total payable to AMTA-WA

I understand I am an independent contractor, providing sports massage for the Washington Sports Massage Team. I will be reimbursed 75 % of the fee charged for each massage I give unless otherwise specified. I understand I am responsible for all taxes.

Signature _____

Date _____

Admin Use Only:

_____ date received
_____ check #

_____ entered in db
_____ entered in QB

_____ added to YM
_____ copy to fulfillment

Updated: 2/25/14 (web)