



**New Brunswick Massotherapy Association  
Personal Information Consent Form**

*Please complete this form. This will be your official contact information and will be used by the NBMA to communicate with you and to provide you with all the services associated with your membership.*

Name: .....  
Address1: .....  
Address 2: .....  
City: ..... Province: ..... Postal Code: .....  
Home Telephone: ..... Work Telephone: .....  
Fax Number: ..... Email Address: .....  
Web Site address:.....  
Preferred Language: ..... Second Language: .....

We are bound to inform you of the purposes we intend to make of the information you have provided and to give you the opportunity to restrict our use of the information. Please check any of the uses below that you do not wish us to make of the information that you have provided.

- As a member of NBMA you agree to have the information above included in an Internal NBMA Directory. If you do not want your information included in the directory, please check here.
- As a member of NBMA you agree to receive periodic mailings from NBMA pertinent to your membership. If you do not wish to receive these periodic mailings, please check here.
- We provide the above information to Insurance Companies and benefit providers in order to obtain provider numbers for you. If you do not want us to provide the information, please check here.
- We provide the above information, in part, to the MTAC in order that you may receive your membership certificate. If you do not want us to provide this information to MTAC, please check here.
- We provide the above information, in part to the MTAC in order that they provide you with information from carefully selected companies and organizations that can provide you with information specific to the practice of massage therapy. If you do not want us to provide this information, please check here.
- We will include the above information in the "Find A Therapist" section of the NBMA Web Site to promote you as a massage therapist. If you do not want us to place this information on the Web Site, please check here.
- We provide the above information to the insurers of NBMA members so that you are covered with liability insurance. If you do not want us to provide this information, please check here.
- We will provide the mailing address information above to carefully selected companies that offer services or products that we deem beneficial to your practice. If you do not want us to provide this information, please check here.

It is to be understood that the information above shall only be used for internal NBMA purposes with the exception of the uses listed above, and that in those instances where I have elected to Opt-out, my information will be excluded.

Signed: \_\_\_\_\_

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