



Name \_\_\_\_\_ Designations \_\_\_\_\_  
 RN LMT NCBTMB, etc

Company/Business Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Nurse Massage Business Phone \_\_\_\_\_

NANMT needs volunteers, leaders and participants for educational planning, events and leadership. Please offer your information to the needs of the organization by filling out the following information survey. **Please respond by**

**ASAP.** **MAIL:** PO Box 232, West Milton, OH 45383; **FAX:** 937-698-6153; **SCAN:** or [info@nanmt.org](mailto:info@nanmt.org) or [psanders@longmgt.com](mailto:psanders@longmgt.com) .

**NANMT Website**

1. Have you explored the new NANMT website [www.nanmt.org](http://www.nanmt.org) ? Y    N  
 Comments:

**Public Online Referral Directory**

2. Should NANMT add your modalities? Y    N  
 3. Do you have a website? NANMT will include a link at no cost. \_\_\_\_\_

**Members Only Membership Directory**

4. Have you entered the Members Only Area? Y    N  
 5. Have you contacted another member using the Member Directory – ever? Y    N

**Leadership Grid – a list of people willing to support NANMT in different areas**

6. Would you be willing to function as a NANMT State representative? Y    N  
 [Those willing to apply for consideration, please send in a resume following the application requirements enclosed.]  
 7. Would you be willing to hold a get-together for a few members or prospective members? Y    N  
 8. Would you be willing to be appointed to attend a conference in your state to report on? Y    N  
 9. Would you be willing to work at a NANMT Conference? Registration, guide, etc. Y    N  
 10. Are you a CE provider for nursing and/or massage and bodywork? Y    N  
     Would you be willing to work with NANMT Y    N  
     Would you be willing to travel to a conference site to present? Y    N  
     What areas do you teach as a CE provider? What State \_\_\_\_\_

11. Would you be interested in holding a National Office? [circle one or more]  
 [Those willing to apply for consideration, please send in a resume following the application requirements enclosed.]

**President** [elected]      **V Pres** [elected]      **Treasurer** [elected]      **Secretary** [appointed /elected]  
 Guide the Association      Support the Pres      Oversee planning/budget      Record the actions of the Association

**Regional Director** [appointed]      **Educational Director** [appointed]      **Law & Legislative Director** [appointed]  
 Contact members/recruit      Lead Ed Comm. and develop CE offerings      Interface w legislative process/attorneys

Long & Associates is the management team that works for and supports the National Officers and will mentor new directors.

12. NANMT depends on volunteer efforts to sustain and grow its membership and education offerings. Please mark the areas for which you have interest, experience or for which you would be willing to serve on a committee? [Check one or more]

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Leadership        | <input type="checkbox"/> Membership recruitment         | <input type="checkbox"/> Member Services |
| <input type="checkbox"/> Legal/Legislative | <input type="checkbox"/> Writing/Newsletters/Websites   | <input type="checkbox"/> Other _____     |
| <input type="checkbox"/> Education         | <input type="checkbox"/> Conference/convention planning |  |
| <input type="checkbox"/> Fund Raising      | <input type="checkbox"/> Finance                        | <input type="checkbox"/> Other _____     |

**National Meetings/Conferences**

13. Could or would you attend a national meeting or conference anywhere in the US Y      N

14. What state [includes adjacent states] would you prefer for a meeting location. \_\_\_\_\_

15. Which state/city location would also attract you for attendance to a continuing education conference?  
Boston area \_\_\_\_\_ Philadelphia Area \_\_\_\_\_ Chicago Area \_\_\_\_\_ Charlotte NC Area \_\_\_\_\_ Atlanta GA \_\_\_\_\_  
Dayton OH Area \_\_\_\_\_ FL \_\_\_\_\_ AZ \_\_\_\_\_ CA \_\_\_\_\_ Others \_\_\_\_\_

16. Do you have preferred topics for future NANMT continuing education conferences?

**One Small step Can Change Your Life: the Kaizen Way – NANMT Newsletter Book Review**

If you have not read the review of this book, please go to our new [www.nanmt.org/resources/newsletter/spring2010](http://www.nanmt.org/resources/newsletter/spring2010)

1. What is one idea, even small, that can you think of that could benefit the NANMT organization?
2. What would you suggest that NANMT do that it hasn't done or that it might do in a different way?
3. What one picture from your nurse massage therapy practice might you want to send to NANMT for its website?  
[include in return of survey or attach to email to [shick@longmgt.com](mailto:shick@longmgt.com) with names, places, event, small paragraph.
4. What one thing are you passionate about that ties in with nursing and/or massage?

Please make updates here [also address change]

Name: \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email for Newsletters \_\_\_\_\_

Nursing School you attended? \_\_\_\_\_

School Address: \_\_\_\_\_

Massage School you attended? \_\_\_\_\_

School Address: \_\_\_\_\_

List any other Nursing or Massage Therapy organizations to which you belong \_\_\_\_\_

Age Range: under 25 \_\_\_\_\_ 26 – 39 \_\_\_\_\_ 40- 64 \_\_\_\_\_ 65 or over \_\_\_\_\_

Please send me \_\_\_\_\_ brochures that I will pass out to other prospective members for NANMT.

*Thank you for your response!*