Membership Application

Please check the appropriate boxes:

❑ Active: (one vote)
A license nurse who holds NCBTMB certification or a state license to practice therapeutic massage/bodywork, or has completed a minimum of 500 hours verifiable instruction in massage and/or bodyworks. Please enclose proof of status. FEE: $85 year

❑ *As an active member, I am interested in a leadership role within NANMT.*

❑ Student: (no vote)
A licensed nurse enrolled in a massage therapy/bodywork program which will quality him/her to take a state massage licensing exam, the NCBTMB exam, or a nurse massage therapist enrolled in a graduate level nursing program, or a practicing massage therapist who is enrolled in an accredited school of nursing. Please enclose proof of status. Fee: $50 year

❑ Corporate Member: (no vote)
Business or institutes supporting NANMT's philosophy and goals. Special benefits: Exhibitor discount and discounted advertising rates for publication available. Fee: $150 year

❑ Individual Supporting Member: (no vote)
An individual interested in supporting NANMT philosophy and goals Fee: $75 year

❑ Senior Member: (no vote)
An individual age 65 or over. Fee: $50 year

PAYMENT: ❑ *Check* ❑ *Money Order*

Please make payable to NANMT in U.S. funds and return completed application and fee to:

NANMT, PO Box 232, West Milton, OH 45383

National Association of Nurse Massage Therapists
PO Box 232
17 Lowry Drive
West Milton, OH 45383
Phone: 1-800-262-4017
E-mail: infor@nanmt.com

National Association of Nurse Massage Therapists



We Know The Power Of Touch

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Our Philosophy...

Nurse Massage Therapy is grounded in nursing theory and implemented within the context of the nursing process. It possesses a specialized body of knowledge and therefore represents a distinct specialty in professional nursing practice. Nurse Massage Therapist provide professional services in various practice settings and receive fair reimbursement for their services.

Nurse Massage Therapy provides a holistic approach to health care, which is needed to balance the trend toward impersonal, technological-oriented health care. Using a variety of touch therapies, the Nurse Massage Therapist acts as a catalyst to facilitate clients' ability to heal themselves.

NANMT members are committed to integrating massage and bodywork into various settings of contemporary nursing practice and health care. We work cooperatively with other health care professionals and with other nursing and massage/bodywork organizations.

NANMT members maintain a high level of integrity and accountability consistent with the NANMT Code of Ethics and Bylaws, and adhere to the laws and legal scope of practice set forth by the regulatory nursing agency where they practice, as well as the Standards of Practice for the Nurse Massage Therapist.

NANMT belongs to the Nursing Organizations Alliance (NOA) as a professional nurse specialty group

Our Objectives...

To promote Nurse Massage Therapy as a specialty nursing practice with State Boards of Nursing.

To educate health care practitioners and consumers regarding the benefits of Nurse Massage Therapy.

To support and protect the rights of NANMT members in their practice.

To develop a research database regarding the efficacy of Nurse Massage Therapy.

To facilitate integrating current research into the practice of Nurse Massage Therapy by providing continuing education.

To promote health care legislation that is congruent with the Philosophy, Scope of Practice, and Code of Ethics of Nurse Massage Therapists.

To establish a national certification for Nurse Massage Therapists.

To develop and maintain a national referral network for Nurse Massage Therapists.

To network with and support Nurse Massage Therapists and other health care practitioners in establishing third party reimbursement for massage and bodywork.

Membership Application...

Please complete both sides of this form or register on-line at www.nanmt.org

Professional Designation _____

Name _____

Mailing Address _____

_____

City _____ ST____ ZIP_____

Home Phone _____

Work Phone _____

Fax _____

Email _____

❑ RN ❑ LPN ❑ LVN ❑ LMT ❑ RMT ❑ NCBTMB
❑ Student Nurse ❑ Massage Student

RN/LPN LN# _____

Massage LN# _____

Nurse Specialties _____

Massage/Bodywork Specialties _____

_____

❑New Member ❑Renewal Member # _____

How did you find NANMT? ❑ Web ❑ School ❑ Book
❑ Referral ❑ Other _____

I testify that all this information is true and correct. I understand I am responsible for notifying NANMT within if any changes in this information occur.

_____ _____
Signature Date