

T. C. Pfrimmer International Association of Deep Muscle Therapists, Inc.®

Application for Membership 2012/2013

1. Please fill in completely.
2. Attach a passport size photo (for new membership).
3. Enclose \$100.00 (non-refundable application fee) made out to TCPIADMT
4. Mail to the current Pfrimmer Membership Secretary (address on 2nd page).

Date: _____

Pfrimmer number (from your certificate): _____ (Example I-052)

Title (circle one): Mr. Mrs. Ms. Dr.

First Name: _____ Middle Initial: _____ Last Name: _____

Credentials: _____, PDTM (Example RN, LPN, MD, ...)

Date of Birth: _____ Sex: M F

Address (*will be used to publish in the directory if you so desire*):

Street Address: _____

City: _____ State: _____ Zip: _____ - _____

Phone: (____) _____

E-Mail Address: _____

Website Address: _____

Do you want to be included in all TCPIADMT mailings: Yes _____ No _____

Background Information (optional):

A. Degrees obtained: _____

B. Degrees or fields of study you are currently pursuing: _____

C. Other forms of therapy that you practice: _____

D. Talents to offer Association: _____

E. Is there any special capacity in which you would like to serve? _____

Pfrimmer School Attended: _____

Date Graduated: _____

Nationally Certified with NCBTMB? _____ Date Nationally Certified _____

Do you wish to be listed in the printed Directory distributed to TCPIADMT members? Y N

If you have taken the course, do you wish to be listed in the printed Directory as an Equine, Feline, Canine PDMT? Y N

Do you wish to be listed on the Internet web site which is public domain (free service)? Y N

Please link primmer.com to my website. _____

I give permission for my website to be on the links page of pfrimmer.com Y N

Member of (circle any that apply): AMTA TCPIADMT PAPDMT ABMP Other

National Certification in Pfrimmer? Y N

DO YOU AGREE NOT TO TEACH PFRIMMER DEEP MUSCLE THERAPY© UNLESS INVITED BY THOSE IN AUTHORITY TO UNDERTAKE THE SPECIAL TEACHER'S TRAINING REQUIRED? _____

DO YOU AGREE TO UPHOLD THE BYLAWS AND THE HIGH STANDARDS OF PROFESSIONAL CONDUCT SET FORTH BY THE TCPIADMT? And I understand that dues are non-refundable and that my membership may be denied or revoked if I do not uphold the Bylaws and the High Standards. _____

SIGNATURE OF APPLICANT

PFRIMMER #

DATE

TO BE FILLED OUT BY TCPIADMT & INSTITUTE ADMINISTRATOR ONLY
AT COMPLETION OF THIS FORM REGARDING
THIS PERSON'S MEMBERSHIP QUALIFICATIONS

Student has met the educational entry requirements of the IAPDMT Institute?

SCHOOL OR INSTITUTE ADMINISTRATOR

DATE

PFRIMMER INSTRUCTOR

DATE

TCPIADMT BOARD MEMBER

DATE

TCPIADMT BOARD MEMBER

DATE

Mail Application & Check to the current Membership Secretary
Michelle Himelick
P.O. Box 875
Nashville, IN 47448
(317-691-1302)