



**Pennsylvania Association of
Pfrimmer Deep Muscle Therapists, Inc**

Application for Membership or Renewal

NAME _____ DATE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE (HOME) _____ (CELL) _____

EMAIL ADDRESS _____

WEBSITE _____

DATE OF BIRTH _____

PFRIMMER APPROVED SCHOOL ATTENDED _____

DATE OF GRADUATION _____

BACKGROUND INFORMATION YOU WISH TO INCLUDE _____

I _____ Agree to uphold the by-laws and the high standards of professional conduct set forth by the PA-PDMT, Inc.

I _____ Agree not to teach Pfrimmer DMT unless invited by those in authority to attend special teachers training class.

Signature _____ Graduate Number _____

_____ Date _____

(PA ASSOCIATE BOARD MEMBER)

Please return with the Membership Application and Fee of \$30.00 to:

Theresa Tobin Macy
3307 Harpers Crossing
Langhorne, PA 19047