CAMSA4U.COM
California Massage Schools Association
info@camsa4u.com 1.818.717 1127

Membership Application

CAMSA Membership is free for the year of 2014. Please fill out and fax to (818) 700 0538.

Owner's Name: _____

School Name: _____

Date Established: _____

Address: _____

City: _____ State: _____ Zip: _____

Mailing Address (if different from above): _____

City: _____ State: _____ Zip: _____

E-mail: _____

Website: _____

Telephone: (_____) _____ Fax: (_____) _____

Program Offered: _____

Legal Status of School:

☐Sole Proprietorship ☐Partnership ☐Corporation ☐Joint Venture ☐Other

☐ BPPE Approved ☐ Voluntary Agreement

Number of Basic & Advanced Graduates:

2011 _____ 2013 _____

2012 _____ 2014 _____

I confirm that this information is true to the best of my knowledge and can be verified. I understand that CAMSA members are required to maintain the highest standards of professional manner and strictly adhere to its Code of Ethics.

_____ _____ _____

Print Name Signature Date

We reserve the right to refuse membership to anyone.