SOUTHERN ALBERTA INSTITUTE OF MASSAGE
2200 HOUR MASSAGE THERAPY PROGRAM

APPLICATION FORM

PERSONAL DATA

Name: _____ _____ _____
(Last) (First) (Middle Name)

Address: _____

City: _____ Province: _____ Postal Code: _____

Home Phone: _____-_____-_____ Cell Phone: _____-_____-_____

Email Address: _____

BIRTHDATE	AGE	GENDER	LEGAL STATUS	Alberta Student #	MARITAL STATUS
_____/_____/_____	_____	_____	_____	_____	_____
Year Month Day		Male / Female	Canadian / First Nations/Other	(If applicable)	Married / Single / Other

LAST HIGH SCHOOL ATTENDED

Diploma: Yes _____ No _____

_____
Name of School

_____
Town/City and Province

Last Grade Completed _____
Last Year Attended _____

POST SECONDARY EDUCATION (most recent)

Program Name _____

_____
Name of Institution

Type of Program: Less than 1 Year _____
Greater than 1 Year _____
University _____

Course Completed: Yes _____ No _____

GRADE 12 COURSES COMPLETED

Subject		Other Subjects
English 30	_____	_____
Math 30	_____	_____
Social Studies 30	_____	_____
Biology 30	_____	_____
Chemistry 30	_____	_____
Physics 30	_____	_____

MASSAGE RELATED COURSES

Course Name	City or Town	Date Completed

DOCUMENTATION AND APPLICATION FEE

Please enclose a Transcript from last education institute attended, regardless whether course was completed or not. Also, enclose the application fee of $35.00 (non-refundable). Make cheque or bank draft payable to Southern Alberta Institute of Massage and mail Application and application fee to: S.A.I.M., P. O. Box 577, Medicine Hat, AB T1A 7G5. If you require further information, please call 403-331-5657. **NOTE: Without the application fee, your application may not be processed.**

SIGNATURE: _____ **DATE:** _____

********** FOR OFFICE USE ONLY **********

Date: _____ Application Fee Received: _____