

**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 _____

Course Completed: University _____
Yes _____ No _____

GRADE 12 COURSES COMPLETED

<u>Subject</u>	<u>Other Subjects</u>
English 30	_____
Math 30	_____
Social Studies 30	_____
Biology 30	_____
Chemistry 30	_____
Physics 30	_____

MASSAGE RELATED COURSES

<u>Course Name</u>	<u>City or Town</u>	<u>Date Completed</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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: _____