

Potomac Massage Training Institute
Alumni Association
Member Information

To register as an Alumni Association Member please complete this form.

Name: _____ Graduation Mo/Yr: _____

Address: _____

Telephone: _____ Email Address: _____

Office Locations

#1. Name of Business: _____

Address: _____

County: _____ Telephone: _____ Email Address: _____

#2. Name of Business: _____

Address: _____

County: _____ Telephone: _____ Email Address: _____

Practice Limitations

None women only Men only No Outcalls

Outcalls for women only Outcalls for men only

Outcalls for special circumstances (Please explain): _____

Other (Please explain): _____

Special Populations/Conditions for which you wish to receive referrals: _____

Advanced Training*

Please list advanced trainings or specializations you have completed: _____

*You are responsible for the documentation that substantiates your training or experience in any bodywork specialty that you have designated above

Referral Information

In addition to receiving information on employment and health event opportunities through the Alumni Association e-newsletter, potential employers, clients and health event coordinators will be directed to an online public listing of Alumni Association members.

Would you like your contact information to be placed on this listing? Yes No

Are you interested in being listed in the directory for referrals for PMTI Professional Training Program Applicants and for PMTI students? Yes No

I am willing to travel to the following locations:

Anywhere in the Metro area **OR** only in these specific areas (Please check all that apply):

DC Upper Montgomery Co., MD Lower Montgomery Co., MD

Upper Prince Georges/Anne Arundel Co., MD Southern MD VA Beltway and vicinity

Southwestern Fairfax/Prince William Counties

I am interested in receiving information about the following health events (Please check all that apply):

Health Fairs Office Seated Massage Conferences/conventions Presentations/demos

Sports events City/County/Govt. agencies Workshops/seminars Programs with

elderly/nursing homes/senior centers Programs for infants/children/teens Crisis centers

Survivor groups Disadvantaged/underprivileged populations Hospital programs

Physical disabilities Mental disabilities

I own a massage chair: Yes No

I am interested in helping PMTI with fundraising events: Yes No

For PMTI office use only

Date received: _____ Payment received _____ Expiration Date _____ Alumni ID # _____