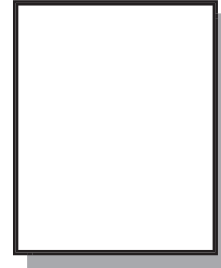


The Massage Institute of Memphis

APPLICATION



Date _____ Applying for: Day class (full time) Night class

Name _____
Last First Middle

Address _____
Street City State Zip

Work phone _____ Home phone _____

Female Male Marital status _____ Maiden Name _____

Date of birth _____ Place of birth _____ Social Sec No. _____

Current employment _____
Position Employer's Name

Address _____

Previous employment _____

Educational experience

School	Location	Dates	Area of study	Degree
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In case of emergency contact _____
Name Relationship

Address _____ Phone _____

Please indicate racial/ethnic background (not required):

- | | | |
|--|--|--|
| <input type="checkbox"/> Nonresident alien | <input type="checkbox"/> Black, non-Hispanic | <input type="checkbox"/> Hispanic |
| <input type="checkbox"/> Asian or Pacific Islander | <input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> White, non-Hispanic |
| <input type="checkbox"/> Race/ethnicity unknown | | |

The Massage Institute of Memphis

3251 Poplar, Suite 25 • Memphis, Tennessee 38111 • 901-324-4411 • www.TheMassageInstitute.com

The Massage Institute of Memphis

Previous experience in/study of massage _____

Previous experience in/study of other healing arts _____

How did you hear about the school? _____

Have you ever been convicted of a crime, other than traffic offenses? Yes No

If yes, please explain _____

How do you expect to use the training? _____

Do you have any medical or psychological conditions that The Massage Institute should be aware of?

If yes, please explain _____

Hobbies, interests, skills _____

Are you applying for either of the following? VA Assistance Vocational Rehabilitation

If no, what payment method will you be using? Check Cash Payment Plan

References: Please list the names and addresses of 2 references other than family.

Name Home Phone Work Phone

Address Years Known

Name Home Phone Work Phone

Address Years Known

Please fill out this application completely, sign it and return it together with a \$50.00 non-refundable application fee made payable to The Massage Institute of Memphis.

Signature _____ Date _____

We reserve the right to refuse admission to anyone we believe will not uphold the high standards of professional massage therapy or who is unable to benefit from the program.