



Healthcare is in your hands  
American Medical Massage Association

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# AMMA ADVANCED

## School Membership Application

# 1

School Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Mailing Address (if different from above): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Legal Status of School: ☐ Sole Proprietorship ☐ Partnership ☐ Corporation ☐ Other \_\_\_\_\_

# 2

Please Provide

☐ State Approval Documentation ☐ School Catalog ☐ List of all campuses: include name, address and phone numbers

# 3

Name of Owner: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

School Director: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

# 4

## Membership & Payment

Recognized AMMA Advanced School Membership ☐ \$95

AMMA Advanced School National Training Center Certification ☐ \$295

National Training Center Seminar Revenue Sharing Program ☐ Please contact us for information on the Revenue Sharing Program.

National Training Center Instructor Training and Credentialing Program ☐ Please contact us for details for our Instructor Training and Credentialing Program.

Authorized Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

I acknowledge that upon approval as an AMMA Advanced School Member that all memberships are non-refundable and will not be refunded. I further state that this school is fully approved in conducting business under the legal requirements required by any applicable state or local governmental agencies. I further state that the information provided on this application is true and correct.