

**SOUTHERN ALBERTA INSTITUTE OF MASSAGE**  
**APPLICATION FORM**

**PERSONAL DATA**

Home Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Alternate (Cell) Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name: \_\_\_\_\_  
(Last) (First) (Initial)

Street: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

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

**BIRTHDATE**

Month / Day / Year / Age  
\_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**SEX**

Male / Female

**MARITAL STATUS**

Single Married Other

**LAST HIGH SCHOOL ATTENDED**

Diploma: Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_  
Name of School

\_\_\_\_\_  
Town/City & 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**

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

**MESSAGE RELATED COURSES**

Course Name / City or Town / Date Completed  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PROGRAM APPLYING FOR:** \_\_\_\_\_

**DOCUMENTATION AND APPLICATION FEE**

- \* Please enclose a transcript from last education institute attended, regardless whether course completed or not.
- \* Please enclose the application fee of \$35.00 (non-refundable). Make cheque/money order payable to Southern Alberta Institute of Massage. If you require further information, please call 403-331-5657 or 403-526-5922.
- \* Please mail applications to S.A.I.M., P. O. Box 577, Medicine Hat, AB, T1A 7G5

**NOTE: Without the application fee, your application will not be processed.**

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**FOR OFFICE USE ONLY**

Date: \_\_\_\_\_

Application Fee Received: \_\_\_\_\_