

Massage Therapy Institute Application

Please Print Answers.

Mail this form to: Massage Therapy Institute, 1408 5th Ave SE, Suite 3, Decatur, Alabama 35601
or E-mail this form to: messageinc@bellsouth.net

Thank you for your interest in enrolling at Massage Therapy Institute Inc. Please fill out the brief form below if you would like to receive further information. We usually respond within one business day of your request for forms emailed & within one week of forms mailed via USPS.

Application for Admission

Date of Application: _____, 20_____

Contact information for person applying for our Student Program.

Full Name: _____

Address: _____

City: _____ State / Province / Region: _____ Postal / Zip Code: _____

Cell Phone Number: _____ Work / Other Phone Number: _____

E-mail Address: _____

Gender: _____ Marital Status: _____

Additional Contact Telephone Numbers: _____

Additional Contact Addresses: _____

How did you hear about the Massage Therapy Institute? _____

Please give us a brief explanation of your reasons for pursuing an education in massage therapy: _____
