

# 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: [massageinc@bellsouth.net](mailto:massageinc@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? \_\_\_\_\_

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

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