BOULDER COLLEGE OF MASSAGE THERAPY
celebrating over thirty years of excellence

ALUMNI ASSOCIATION MEMBERSHIP APPLICATION

Please return this application form and $40 membership fee, payable to BCMT, to:
BCMT, Attn: Alumni Association, 6255 Longbow Drive, Boulder, Colorado 80301

Date_____/_____/_____ **Membership:** *New* *Renewal* **Graduation Date** *(mm/yy)* _____

Payment: Cash ___ Check #_____ Visa/MC _____ Exp _____

Name_____

Office Address _____
Street City State Zip

Home Address _____
Street City State Zip

Business Phone (_____) _____ **Home Phone** (_____) _____

E-Mail _____ **Website** _____
**required for Job Hotline access through website*

If you would like to participate in the Referral Services, complete the following:

Phone # used for Client referrals: ( ) _____ Fee per 1-hour session $_____

- Would you like the **Student Clinic** to send **referrals** to you when they are booked?
  You must agree to $45 fee for these referrals. ☐ yes ☐ no

- Would you like to be part of the **Prospective Student Referral Service** and receive referrals from individuals who are interested in attending BCMT? ☐ yes ☐ no If yes, Student Rate $ _____

NOTE: if you would like to use the on-line services (web pages, job hotline, etc.) you need to register on the web site. Go to Alumni Information, Alumni Log-in, and then to the left of the box is a separate box that says Create New Profile. Click on Create New Profile and fill out the information requested .

For Office Use Only(12/06)
Paid (date) _____ Expiration date: _____ Card & Letter Sent:_____