

## NORTH CAROLINA BOARD of MASSAGE AND BODYWORK THERAPY

www.bmbt.org 4140 ParkLake Avenue Suite 100 Raleigh, NC 27612

## NEW SCHOOL APPLICATION REQUEST FORM

(Form used for requesting an application to open a new massage and bodywork therapy school in the State of North Carolina)

## **INSTRUCTIONS:**

Print out this form and mail with the **\$20.00 new school application fee**. The fee shall be in the form of a **money** order, cashiers check or certified (bank) check only. No personal checks, cash, credit cards or company checks will be accepted. New school application packets will be mailed out within ten (10) business days of receipt of your request form.

## Mail completed form with \$20 fee to:

|   | ake Avenue         | odywork Therapy |                               |        |      |
|---|--------------------|-----------------|-------------------------------|--------|------|
| Name of School (if known):                    |                    |                 |                               |        |      |
| Name of Owner/Director:                       |                    |                 | Title:                        |        |      |
| Name of Contact Person (if different from al  | oove):             |                 | Title:                        |        |      |
| Mailing Address:                              |                    | City:           | State:                        | Zip    | :    |
| Physical Address of School (if different from | mailing address) : |                 | City:                         | State: | Zip: |
| Projected Date of School Opening:             |                    |                 |                               |        |      |
| Website of School (if any):                   |                    |                 |                               |        |      |
| Business Phone: C                             | Cell Phone:        |                 | Other Contact Phone (if any): |        |      |
| Email Address for school:                     |                    |                 |                               |        |      |
| Email of School Contact Person (if different  | t from school):    |                 |                               |        |      |
| Signature                                     |                    |                 | Date                          |        |      |