



Healthcare is in your hands
American Medical Massage Association

Registration Form
Lymphedema Technician

The purpose of this program is to set a new and higher standard of achievement and excellence in the massage therapy field. The American Medical Massage Association is not attempting to set a record for the quantity of membership but rather for the quality of membership. By offering these certification programs, the AMMA is attempting to establish an image and reputation for true professionalism.

Instructions:

1. Fill in your contact and payment information.
2. Once you have completed the program, mail us your completed tasks.
3. Program results will be forwarded to you within two weeks of receipt.
4. Mail this form to the AMMA
5. You will receive a confirmation and your packet once your form is completed and processed.

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: (day) _____ (evening) _____

Indicate how you would like to receive your program: **Email** **Mail**

Email address: _____

Lymphedema Technician Program Fee: **\$395** **Method of payment:**

Check (Make check payable to AMMA and mail to: 801 W. Norton • Suite 420 • Muskegon, MI 49441)

Money Order

Credit Card Type (circle one) Visa M/C Amex Discover

Printed name on front of card: _____

Card #: _____ **Expiration Date:** _____ **Security Code:** _____

Signature: _____ **Date:** _____
