abmp

school membership renewal notice

Hello Angel,

Your ABMP school membership expires on December 04, 2019. Renew today to avoid 2267.	d a lapse. Return this form or cal	1 800-458-
Member ID #:750350		
Membership Expiration Date: 12/4/2019	Please update contact informati	ion.
41-141111-011111111-ի-փ	Phone (primary): (818)980-8990	X Landline Mobile
Southern California Health Institute (SOCHI) Angel Gregorio	Phone (secondary): please provide	Landline Mobile
18040 Sherman Way, Fl 4 Reseda, CA 91335-4637	Email: Angel@sochi.edu	
	Website: http://www.sochi.edu	
	Primary Contact: Angel Gregorio	
Iembership Description	#	Price
ABMP Premier School with Insurance	1	\$750.00
	Total Due By 12/4/2019:	\$750.00
Additional Required Information	PAYMENT METHO	DD
	Do Not Send Cash. A \$25 charge will be assessed checks. All fees paid to ABMP are nonrefundable is accepted.	
Do you currently, or do you intend to, teach hot stone massage/therapies in your program?	☐ Check/Money Order ☐ AM	IEX
☐ Yes ☐ No (There is no additional cost for liability insurance coverage for this, but additional steps are required to activate this coverage. Hot stone instructors will receive an email for instructions. Please list these instructors on the back of this form.)	☐ Discover ☐ Vis	a/MasterCard
	Cardholder's Name (required if different from	applicant)
Please enclose copies of the following items: a) Current letter or certificate of approval from your state to operate as a training school.	Cardholder Signature	
b) Any curriculum changes that have occurred in previous twelve months.	Phone Card Number Expiration Date CVV	
On occasion, we rent mailing lists to qualified vendors who are interested in promoting their products and services to members. If	·	ck here.
Practice/Service History: As a condition for membership and insurance coverage, by my signature/acknowledgement	helow I also represent and warrant I	

Practice/Service History: As a condition for membership and insurance coverage, by my signature/acknowledgement below, I also represent and warrant that (1) no malpractice or negligence allegation has ever been asserted against the school, its owners, or instructors, nor has there ever been any event or indication suggesting a claim may be made or that the school's care caused harm; (2) The school's owners or instructors have never been convicted of any violation of law other than a minor traffic offense; (3) no agency or association has investigated or taken any other action against the school, its owners, or instructors. Membership Terms: Signature is required. Faxed, computer scanned signatures, and/or electronic acknowledgements are considered legal and binding. I consent to you providing me with Insurance Policy Documents electronically and understand that I may withdraw that consent at any time and request paper copies of my Insurance Policy Documents. I understand that membership fees paid by me to Associated Bodywork and Massage Professionals (ABMP) and/or its subsidiaries Associated Skin Care Professionals (ASCP), Associated Hair Professionals (AHP), and Associated Nails Professionals (ABMP) and/or its subsidiaries Associated Skin Care Professionals (ASCP), Associated thair Professionals (AHP), and Associated Nails Professionals (ABMP/ASCP/AHP/ANP) my terms agreement applies to any/all of my selected to become a member of any/all of our affiliated associations (ABMP/ASCP/AHP/ANP) my terms agreement applies to any/all of my selected organizations. I understand that magazine subscriptions that are part of my membership may include associated emails from the publisher, and I will have the opportunity to unsubscribe, but that I may continue to receive transactional and informational emails related to my subscription. I agree that all collection of my personal information, including my email address, will be governed by the ABMP Privacy Policy. I have completed the ABMP/ASCP/AHP/ANP School Membership applic

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PO Box 1869 Evergreen, CO 80437 www.abmp.com expectmore@abmp.com p:800-458-2267 f:800-667-8260

Additional Insured Endorsements

quantity

If no information is printed below, our records indicate that you have not requested any additional insured endorsements to your policy. To change or add AIEs, call ABMP at 800-458-2267.

	Our records indicate more than five additional in	nsured endorsements on your policy. Please call to add/edit/delete/verify
	your list.	
Hot Stone Ir	nstructors	
Please list all ins		ctivate hot stone coverage for your school, we will contact your instructors directly
vitii steps to coi	ripiete requirements.	
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