

ALABAMA BOARD OF MASSAGE THERAPY APPLICATION PACKAGE REQUEST FORM

PLEASE SEND ME AN APPLICATION PACKAGE FOR LICENSURE
AS A MASSAGE THERAPIST IN THE STATE OF ALABAMA-

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE NUMBER _____

FAX NUMBER _____

E-MAIL ADDRESS _____

A FEE OF \$25.00 MUST ACCOMPANY THE APPLICATION PACKAGE
REQUEST FORM. (**CASHIER'S CHECK OR MONEY ORDER-NO CASH OR
PERSONAL CHECKS ACCEPTED.**)

REMIT TO:

**Alabama Board of Massage Therapy
610 South McDonough Street
Montgomery, AL 36104**