



Arkansas

STATE BOARD OF MASSAGE THERAPY

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Mailing List Request (2010 – 2012 Form)

I understand and I agree that the information is provided in an Excel file, is authorized for only one distribution, and is not to be given or sold to any other individual or company.

Print Name: _____

Signature: _____ Date: _____

Please mark the appropriate boxes:

- | Status | State | Format |
|-----------------------------------|--|--|
| <input type="checkbox"/> Active | <input type="checkbox"/> Arkansas Residents Only | <input type="checkbox"/> CD |
| <input type="checkbox"/> Inactive | <input type="checkbox"/> All Licensed Therapists* | <input type="checkbox"/> E-mail: _____ |
| <input type="checkbox"/> Both | *Maintain an Arkansas License and may live in or out of Arkansas | |

Company's Name: _____

Individual's Name: _____

Mailing Address: _____

City, State, Zip: _____

Phone Number: _____

Reason for request: _____

Payment Type: Payment Amount:

- Cashier's Check CD - \$5.00
- Money Order E-mail – No Charge

www.ArkansasMassageTherapy.com