



777 West 27th Street
Yuma, AZ 85364
(928) 276-4605

info@arizonaschoolofmyotherapy.com

ASM APPLICATION

Please complete this application and return it via person or email:

- \$150.00 Application fee, needs to be paid upon turning in application
- Copy of high school diploma or GED equivalent or College Transcript
- State ID or Government Issue ID

Date: _____

Last Name _____ First Name _____ Middle Name _____
Mailing Address _____ City _____ State _____ Zip Code _____
Telephone _____ Birthdate _____ Email Address _____

Preferred Session *Spring* *Summer* *Fall*
(circle one)

In case of Emergency
Name _____ Relationship _____
Mailing Address _____ City _____ State _____ Zip Code _____
Telephone _____

Education
Name of High School _____ Address _____ Degree _____
Name of College _____ Address _____ Degree _____
Name of Technical or Vocational _____ Address _____ Degree _____

Any Pervious Massage Therapy Training

Have you ever been convicted of a Felony, if so explain? YES / NO

Any medical communicable diseases in the last 2 years, if so explain? YES / NO

Last Revised 8/29/23

Any mental or physical condition that the staff will need to know that may be helpful to your success?

Please list two references (Other than family)

Name: _____ Name _____

Address _____ Address _____

City, State, ZIP _____ City, State, Zip _____

Telephone _____ Telephone _____

I have completed this application to the best of my knowledge and I state that the information given is true and correct. I have also read Arizona School of Myotherapy policies as stated on our online pages.

Applicant Signature _____ Date _____

Signature of Parent of Garden (underage Applicant) _____ Date _____

(Below this line is for School Admin Only)

Date Application Received: _____ Application Reviewed by: _____

Any comments regarding Application or missing information:

Applicant:

APPROVED / DENIED

Reason Appicante Denied:

(Last Revised 11/3/25)