

MASSAGE THERAPY PROFESSION

BODYWORK THERAPISTS AND BODYWORK THERAPY ESTABLISHMENTS

**AFFIDAVIT OF RECEIPT AND REVIEW OF ARTICLE IX, BODYWORK
THERAPIST AND BODYWORK THERAPY ESTABLISHMENTS**

I, _____, have received and reviewed a copy of Article IX, Massage
(Print Name)

Therapy Profession, Bodywork Therapist and Bodywork Therapy Establishments.

(Signature of Applicant)

(Print Name)

Sworn before me and subscribed in my presence this ____ day of _____, 20__

(Seal)

(Signature of Notary Public)