CHATTANOOGA MASSAGE INSTITUTE, INC.
APPLICATION FOR ADMISSION

Mail, upload, fax or bring your application to:

Chattanooga Massage Institute Inc.
6401 Hixson Pike Suite E
Hixson, TN 37343
Fax (423) 842-2444

PLEASE ENCLOSE A REGISTRATION FEE OF $100.00.
NOTE: IF YOU ARE FAXING or UPLOADING YOUR APPLICATION, YOU MUST PAY YOUR FEES BY CREDIT CARD.

Credit Card Information: Master Card___ Visa___ Discover_____

Card #_____Exp. Date_____

Name_____
First Middle Last

Name you prefer to be called_____

Telephone number _____ _____
Daytime Evening

Date of Birth ____ ____ _____ Social Security Number_____
Month Day Year

Female____ Male____ Country of Citizenship_____

Day program_____ Evening program_____ Class start date_____

In case of emergency, the school may contact:

_____ _____
First name *Last name* *Street address* *City/State* *Postal Code*

_____ _____
Telephone *Relationship*

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For office use only:
Date of application_____ Paid by cash_____ Credit Card_____ Check_____ Check #_____
Diploma or GED_____ 1st letter_____ 2nd_____ Budget_____
Date of interview_____ Result of interview_____
Date notification mailed _____ Staff member_____