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| Print out the application and mail it with payment by personal check or money order to:  Leda Mox  Armstrong Equine Massage Therapy, LLC 10221- 125th Ave SE Becker, MN 55308 | | | | |
| http://www.equissage.com/siteimages/cutting.gif | | | | | |
| Armstrong Equine Massage Therapy Certification Program  E N R O L L M E N T    A P P L I C A T I O N | | | | | |
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| PERSONAL INFORMATION | | | | | |
| http://www.equissage.com/siteimages/1X1INV.GIF | | | | | |
| Name as you want it to appear on Certificate  http://www.equissage.com/siteimages/1X1INV.GIF | **Date:** | | | | |
| Present Address |  |  |  | | |
|  |  |  |  |  | |
| Permanent Address  (if different) | Street | City | State | Zip Code | |
|  |  |  |  |  | |
| Phone | Street | City | State | Zip Code | |
| Referred By |  | | | | |
| Are you 18 years of age or older? Yes No |  | | | | |
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| GENERAL Please limit responses to two lines. If you would like to provide more information, please do so on a separate document. | | | | | |
| http://www.equissage.com/siteimages/1X1INV.GIF | | | | | |
| Subjects of special study or interest | | | | | |
| Horse-related activities | | | | | |
| Why is a career as a Certified ESMT of interest to you? | | | | | |
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| PAYMENT INFORMATION | | | | | |
| http://www.equissage.com/siteimages/1X1INV.GIF | | | | | |
| Please accept my enrollment in the Armstrong Equine Massage Therapy Certification Program.  Enclosed is my check or money order in the non-refundable amount of $200.00 to cover the deposit for the class, starting \_\_ /\_\_/\_\_.   |  |  | | --- | --- | | http://www.equissage.com/siteimages/1X1INV.GIF | | | Signature |  | | | | | | |
| http://www.equissage.com/siteimages/1X1INV.GIF | | | | | |