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HAVE YOU MOVED RECENTLY?

Name of Licensee: _____

Alabama License Number: _____

Home Address:

City:_____ State:_____ Zip:_____

Telephone Number(s): Home_____ Work_____

E-mail Address: _____

Please mail, email, or fax to the following:

**Alabama Board of Massage Therapy
2777 Zelda Road
Montgomery, AL 36106
Fax: 334/263-6115**