



# Professional Membership Application



Check one: New Member \_\_\_\_\_ Renewal \_\_\_\_\_ Check one: RACT & RAA \_\_\_\_\_  
Membership \_\_\_\_\_ or RACT Membership Only \_\_\_\_\_

Complete this section as you want its contents to appear on your RACT and/or RAA membership certificate and website

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State/Zip: \_\_\_\_\_ Email: \_\_\_\_\_  
Website: \_\_\_\_\_ Phone: \_\_\_\_\_  
Cell: \_\_\_\_\_ Fax: \_\_\_\_\_ Mailing \_\_\_\_\_

Address for correspondence: (if different from above) \_\_\_\_\_

\_\_\_\_ Yes, I would like information on RACT Practitioner Referral Page (extra fee) \_\_\_\_\_ Yes, I would like info on RAA website personal page and/or weblink (extra fee) \_\_\_\_\_ Yes, I want to be listed on the RACT/RAA website.  
\_\_\_\_ No, I do not want to be listed on RACT/RAA website.

**Training:** Document specific reflexology training (200 hrs.) certified by a school, or certified/accredited teacher of reflexology. Hours of training from another therapy will not be considered. If additional space is needed, continue on reverse. **New members must send copy of training certificates.**

School name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ # of hours completed: \_\_\_\_\_ Date completed: \_\_\_\_\_ Certificate # \_\_\_\_\_

Are you nationally certified by a non-profit reflexology board? \_\_\_\_ Yes \_\_\_\_ No Certificate #: \_\_\_\_\_ Name of

Board \_\_\_\_\_ Address \_\_\_\_\_

**Professional Membership Fee:** \_\_\_\_\_ \$120 (RACT & RAA) or \_\_\_\_\_ \$45 (RACT only)

**NOTE:** Pro-rated fee of \$22.50 for RACT only or \$77.50 for RACT & RAA will apply to new memberships only when joining after Dec 31 and is for Jan 1 – June 30. Thereafter, full membership fees will be in effect for the year.

**Make check payable to RACT and mail with completed application to address below**

Professional membership is open to individuals who have completed their reflexology training (200 hours) and are certified by their reflexology school or by a national non-profit testing board. RACT/RAA reserves the right to verify all credentials. Membership year runs July 1 – June 30.

**\*\*\* I have experience in these areas and would be interested in helping RACT or RAA. Check all that apply \*\*\***

Writing \_\_\_\_\_ Phone calls \_\_\_\_\_ Event planning \_\_\_\_\_ Legislative \_\_\_\_\_ Membership \_\_\_\_\_ Website \_\_\_\_\_  
Education \_\_\_\_\_ Photography \_\_\_\_\_ Hospitality \_\_\_\_\_ Research \_\_\_\_\_ Public relations \_\_\_\_\_ Newsletter \_\_\_\_\_ Suggestions for speakers, workshops, continuing education or other comments \_\_\_\_\_

I verify that I have met the requirements for Professional membership for which I am applying. I understand that if any of the above information is found to be incorrect or invalid, my membership may be denied.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Make checks payable to "RACT" and mail to:**

Vivian Richard  
Attn: RACT Membership  
112 Fulton Street  
New Britain, CT 06051