



Associate Membership Application

(Student of Reflexology, Reflexology School, Business, Benefactor)



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

Contact Info:

Name: (Student/Business /School) _____

Address: _____ City: _____ State/Zip: _____

Email: _____ Website: _____

Phone: _____ Cell: _____ Fax: _____

Mailing Address for correspondence: (if different from above) _____

_____ **No, I do not want to be included in either online or print directories.**

Schools only: Document your training program specific to reflexology (including anatomy, physiology, pathology, business ethics, and reflexology history. Hours of training for another therapy do not apply. If additional space is needed, continue on reverse.

Objectives and time frame of each: _____

Content: _____

Class hours: _____ Clinical hours: _____ Total Reflexology Training hours: _____ Method(s) taught: _____

Teacher(s) name: _____ Certified/accredited Teacher of Reflexology? No Yes From: ACARET Other _____

RAA Page (schools/business only) _____ Yes, I would like information on purchasing a "School or Office page" next to my listing

Associate Membership Fee: _____ **\$75 (RACT & RAA)** or _____ **\$25 (RACT only)**

NOTE: Pro-rated fee of \$12.50 for RACT only or \$47.50 for RACT & RAA will apply to new memberships only when joining after Dec 31st 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

Associate membership is open to non-certified reflexologists not meeting the Professional member level standards of 200 hrs. or national board certification, Reflexology students, Reflexology schools, businesses, clients, or other benefactors who support the growth and development of the field of reflexology. 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 Associate 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: Annie Miele, ARCB Attn: RACT Membership 26 Hickory Drive Westport, CT 06880 Email: annie@westportreflexology.com Phone: 203-216-4328	RACT USE ONLY Received by: Date: Check # Amt.	
	Mailed Membership Materials	Volunteer follow-up:
	Date to RAA & Check #	Directory listing: