



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 Annie Miele, ARCB Attn: RACT Membership 26 Hickory Drive Westport, CT 06880 Email: annie@westportreflexology.com Phone: 203-216-4328 rev. 6/10	RACT USE ONLY Received by: Date: Check # Amt.	
	Mailed Membership Materials	Volunteer follow-up:
	Date to RAA & Check #	Directory listing: