



Reflexology Association of California
 Admin Office: P.O. Box 4286, Lakewood CA 90711
 Phone: (323) 379-9722 ~ Email: info@reflexology-ca.org
 www.reflexology-ca.org

NEW MEMBERSHIP APPLICATION

Professional Member

Date: _____

(Please print legibly)

Name: _____ Email: _____

Mailing Address: _____ City: _____ State ____ Zip: _____

Office Address: _____ City: _____ State ____ Zip: _____

Office Phone: _____ Fax: _____ Home Phone: _____ Mobile: _____

Website Address: _____

Please Note: Your name, office phone, your city and email will be used for the RAC website online directory. Complete all information as you would like it to appear in the directory. Please check the following box if you do not wish your name to be added to the directory.

No, I do not want to be included in the online directory.

Membership Year: July 1, _____ – June 30, _____

New Professional Membership

Website Link (Please Reciprocate)

\$75 one year

FREE with your membership

Professional Membership requires completion of 300 hours of reflexology-only training; 60% of which must have been taken in a live classroom setting with an instructor. Professional members may vote, hold office, and be eligible for a listing on the online directory. Documentation of training by a school, accredited teacher, and/or national certification board must be attached to process a NEW application.

(select all that apply)

I am a RAA Member

I am an ICR Member

How did you hear about RAC? Colleague Friend Instructor Fair / Event RAC Website Brochure / Flyer

Search Engine _____ Social Media: _____ RAC Newsletter Advertising

RAA ARCB ICR Other: _____

Education Verification

A copy of your school certification must be attached.

School Name: _____ Teacher's Name: _____

School Office Address: _____ City _____ State ____ Zip _____

Website Address : _____ No. of Hours _____ Classroom Setting _____

Date of Completion: _____ Office Phone: _____ Email: _____

National Certification (optional)

Current copy of certification card must be attached.

Are you nationally certified by a non-profit reflexology certification board? ____ Yes ____ No Certification # _____

Name of Board _____

Note: Out of state certification and / or schooling is acceptable as long as it meets the requirements of Professional Membership.

I want to be a RAC volunteer.

- Conference Legislative Membership Fundraising Liaison Public Relations Education Standards/Ethics
 - Social Media Local Events World Reflexology Week Other _____
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- I am mailing a check.
 - I have paid online.
 - I am submitting all required documentation BY MAIL
 - I am submitting all required documentation BY EMAIL
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- I verify that I have met the requirements for the level of membership which I am applying.
- I agree to uphold the highest standards of my profession.
- I understand that if any of the above information is found to be incorrect or invalid, my membership will be denied.

Signature: _____ Date: _____

RAC reserves the right to verify all credentials. *NOTE: Check your city laws/requirements regarding your reflexology practice*

Make checks payable to the Reflexology Association of California and mail with this application (and proof of training), to the address listed above. Send proof of current national certification, if applicable. Alternatively, you may fill out our online application and pay online.

For RAC use only	Received by:
Check # _____	Date: _____
Amount: \$ _____	RAC Certificate Sent: _____
	RAC Welcome Packet Sent: _____

GET INVOLVED! Be a RAC Volunteer! Volunteering to serve on committees will help you put your leadership skills to work and provide further training that can only be learned through working for and with others. We hope you will find the perfect fit within our association for you to express your love of Reflexology. Contact your Board to find out the latest opportunities.

The Reflexology Association of California thanks you for your support.