



Reflexology Association of America

107 Southerland Ct. #224 • Madison, WI 53704

Telephone: (608) 571-5053

Email: infoRAA@reflexology-usa.org

Website: www.reflexology-usa.org

Membership Application

New / Renewal / Upgrade

Membership year: July 1, 2024 - June 30, 2025/2026

Please consider also joining your state association.

CONTACT INFORMATION – Please Print:

Name: _____ Email: _____

Mailing address: _____ City/State/Zip: _____

Office address: _____ City/State/Zip: _____

Cell Phone: _____ Business Phone: _____ Website: _____

Your mailing address is for RAA use, the office address will be used for the RAA online directory. Complete all information as you would like it to appear. Please check below if you do not wish your name to be added to the directory.

I do NOT want to be included in the online directory.

MEMBERSHIP ACTION: NEW RENEWAL UPGRADE

Professional Memberships

Advanced Reflexology Practitioner 1 Year \$80 2 Years \$150

- Open to any person or school who can show education and experience in the profession of reflexology. 300+ hours of documented reflexology training.

Reflexology Practitioner 1 Year \$80 2 Years \$150

- 200+ hours of documented reflexology training.
- or is certified with the American Reflexology Certification Board (ARCB).
- or graduation from a program facilitated by a National Council for Reflexology Educators (NCRE) accredited educator.

Reflexology School 1 Year \$55 2 Years \$100

- The school's owner must also be a Professional member of RAA.
- **Note:** Schools do not vote or hold office, but the owner may.

Retired Reflexologist 1 Year \$25

- Past RAA Advanced Reflexology Practitioner or Reflexology Practitioner member.

INSTRUCTIONS AND SIGNATURE

- Professional Members may vote, hold office, and be listed in the online directory.
- Please enclose payment along with proof of training if applying for Professional membership. Email all educational documents to: InfoRAA@reflexology-usa.org.
- Turnaround time for approval of *fully completed* applications is generally 5-7 business days.

I verify that I have met the requirements of the level of membership for which I am applying, and I have submitted all required documentation. I understand that if any of the above information is found to be incorrect or invalid, my membership will be denied.

Signature: _____

Date: _____

Associate Memberships

Supporter Year \$55 Years \$100

- Any individual, organization or business entity that desires to support the growth and development of the reflexology profession.

Student 1 Year \$25

- Any individual pursuing an education in reflexology.
- Must provide education information below.

EDUCATION INFORMATION - Please Print:

- Documentation of training(s) by a school or accredited teacher must be attached to process a NEW or UPGRADE application. It is not required for a RENEWAL.
- STUDENTS indicate your anticipated date of completion.
- If certified, documentation of your current ARCB certification must be attached to the application.
- Check your state laws/requirements regarding your legal right to practice reflexology.
- RAA reserves the right to verify all credentials.

School Name: _____

Mailing Address: _____

City/State/Zip: _____

Office Phone: _____

Email Address: _____

Website: _____

Teacher's Name: _____

Number of Hours: _____ Completion Date: _____

Are you nationally certified by ARCB? Yes No

Certificate #: _____ Expiration Date: _____