



Reflexology Association of America
 1809 Rutledge, Madison, WI 53704
 Email: infoRAA@reflexology-usa.org

Telephone: (608) 571-5053
 Website: www.reflexology-usa.org

MEMBERSHIP APPLICATION

Renewal / New / Upgrade

Membership year: July 1, 2021 - June 30, 2022/2023

I want to receive my RAA Certificate and ID card via Email Mail

CONTACT INFORMATION – PLEASE PRINT:

Name: _____ Email: _____
 Mailing address: _____ City/State/Zip: _____
 Office address: _____ City/State/Zip: _____
 Home Phone: _____ Office 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 here if you do not wish your name to be added to the directory.

MEMBERSHIP TYPE: NEW RENEWAL UPGRADE

Professional Membership: \$85 one year \$160 two years This level requires completion of 300 hours of foot, hand and/or ear reflexology training of which 60% or 180 hours must have been in a live classroom setting with an instructor. Professional members may vote, hold office, and be listed in the online directory.

OR Associate Membership: \$60 one year \$110 two years Associate Members are listed in the online directory.

FOR ASSOCIATE MEMBERSHIP, CHOOSE ONE CATEGORY:

- Practitioner (200 hours of reflexology training of which 60% or 120 must be in a live classroom setting)
- School (Must also have a Professional Membership)
- Supporter (Does not include a certificate or ID card)

FOR STUDENT MEMBERSHIP: Student ONLY \$25 per year (Must provide education information below)

EDUCATION INFORMATION

Documentation of training(s) by a school or accredited teacher **must be attached to process a NEW or UPGRADE application** and is **not** required for a RENEWAL application unless your membership has expired. **STUDENTS** indicate your anticipated date of completion.

School name: _____ Teacher's name: _____
 Mailing address: _____ City/State/Zip: _____
 Office Phone: _____ No. of Hours: _____ Date of Completion: _____
 Website Address: _____ Email: _____

Please enclose payment along with proof of training if applying for Professional or Associate - Practitioner membership, and/or email all educational documents to: Inforaa@reflexology-usa.org

Are you nationally certified by ARCB? Yes No

Certification # _____ Expiration date: _____ **Current certification card must be attached.**

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: _____

RAA reserves the right to verify all credentials. **NOTE:** Check your state laws/requirements regarding your legal right to practice reflexology.

Please consider joining your state association.