



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 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

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:

Vivian Richard
 Attn: RACT Membership
 112 Fulton Street
 New Britain, CT 06051