



Reflexology Association of Canada British Columbia Chapter

www.racbc reflexology.ca

Associate Member Application

Full Name: _____

Mailing Address: _____

(With Postal Code) _____

Phone: _____ Email: _____

As a certified Reflexologist, I submit my application to become a new Associate Member of the **British Columbia Chapter of the Reflexology Association of Canada (RAC-BC)**. I understand that this membership only entitles me to the benefits offered solely by the BC Chapter to its Associate Members and does not include entitlement or access to the national Registry for Reflexologists nor to benefits associated with membership in the National Association. I agree to abide by the by-laws and code of conduct, ethics and standards adopted by RAC-BC and that my application is subject to prior approval by the BC Chapter Board of Directors. I also understand that there is a **\$25.00 Annual Membership Fee** that is due and payable on or before the anniversary date of my application each year.

Date: _____ Signature: _____

As part of our membership benefits, we will place information about you in our directory on our website. Your name will automatically be listed, but if you would like your city/town, phone number and email listed, you must sign here.

Signature: _____

If you would like certain information omitted or alternate information or business information such as your website included, please enter this information here. (If space is insufficient attach another sheet).

Email: _____ Phone: _____

Other information/Business Address: _____



Please print out and mail completed application with attachments to:
Membership – RAC-BC
80 Eagle Crescent, Williams Lake, B.C. V2G 5K2

Attach a copy of your Reflexology Certificate with your cheque for **\$26.25**, which is your membership fee plus GST made payable to the “Reflexology Association of Canada – B.C. Chapter”

*For Office use only –
Copies to: Membership Director, Chairperson, Webmaster and Chapter Development Committee*

Application accepted by: _____
Membership period: From: _____ To: _____