

Reflexology Association of Canada British Columbia Chapter

www.racbc reflexology.ca

Affiliate Member Application

Full Name: _____

Mailing Address: _____

(With Postal Code) _____

Phone: _____ Email: _____

I submit my application to become a new Affiliate 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 it's Affiliate 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 understand that I must abide by the by-laws 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 **\$40.00 Annual Membership Fee (plus HST)** 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: _____

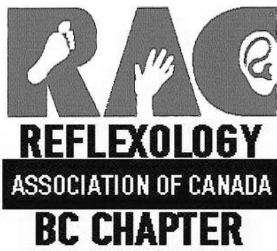


Please print and mail this completed form along with a cheque for \$44.80 (taxes are included) for your membership fee to:

**Membership – RAC-BC
532 Alexander Avenue, Penticton, B.C. V2A 1E5**

**Please make cheque payable to:
“Reflexology Association of Canada – B.C. Chapter”**

<i>For Office use only</i>	
<i>Copies to: Membership Director, Chairperson, Webmaster, Chapter Development Committee</i>	
Application accepted by:	
Membership period: From:	To:



AFFILIATE MEMBERSHIP QUESTIONNAIRE

(must accompany membership application)

Name: _____ Birthdate: _____

Gender: M: ____ F: ____

Where did you hear about our Chapter of the Reflexology Association of Canada?

How long have you interested in Reflexology? _____

Have you considered becoming a Reflexologist? _____

How is Reflexology most beneficial for you? _____

Are you interested in active participation in our Association, as in being a member of a committee, group or participation in activities? _____

What is your Occupation? _____

What other Holistic Health Modalities interest you? _____