

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 **\$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 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 2 page completed form along with a cheque for \$44.80 (includes taxes) for your membership fee

and please include a copy of your Reflexology Certificate to:

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

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

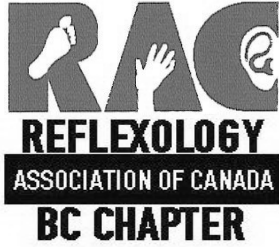
For Office use only –

Copies to: Membership Director, Webmaster and Chapter Development Committee

Application accepted by:

Membership period: From:

To:



ASSOCIATE MEMBERSHIP QUESTIONNAIRE

(must accompany membership application)

Name: _____ Birthdate: _____

Gender: M: ____ F: ____

How long have you been a Reflexologist? _____ Are you Certified: _____

Did you obtain your certification through a RAC Instructor or a RAC recognized institution? _____

If no, please tell us a little about your training:

When did you start and complete your training? Start: _____

Completion: _____

How many classroom hours were included in your training? _____

How many case studies were required during your Practicum? _____

Please provide us with the name of your Instructor or Institution: _____

Are you currently practicing Reflexology? _____ Are you a Reflexology Instructor? _____

If yes, where did you obtain your Instructor Training? _____

Optional Questions

Do you do Housecalls? _____ Do you also practice in other countries, cities or towns? _____

If yes, where? _____

Would you like to have these other locations also listed on our website? _____

What other modalities do you offer your clients? _____

Are you an Instructor in other Modalities? _____

If yes, would you be willing to provide short seminars to RAC-BC Members during our Annual General Meeting or other group meetings? _____

I certify that the above information is true and accurate:

Name (please print)

Signature