



# Reflexology Association of Canada British Columbia Chapter

www.racbc reflexology.ca

## Student Membership Application

Full Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

(With Postal Code) \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

As a student currently studying Reflexology with the **Reflexology Association of Canada**, I hereby apply to have my **membership in the British Columbia Chapter activated**. I understand that this membership only entitles me to the benefits offered solely by the B.C. Chapter to its Students and does not include entitlement or access to the national Registry for Reflexologists nor to other 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 B.C. Chapter Board of Directors. I also understand that there are no additional fees due and payable as long as I am considered a student within the National Association.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_



Please print out and mail completed application to:

Membership – RAC-BC

80 Eagle Crescent, Williams Lake, B.C. V2G 5K2

or email a copy to: [smarcotte@shaw.ca](mailto:smarcotte@shaw.ca)

*For Office use only –*

*Copies to: Membership Director, Chairperson, Webmaster and Chapter Development Committee*

Application accepted by:  
Membership period: From:

To: