



Reflexology Association of Canada British Columbia Chapter

www.racbc reflexology.ca

Student application for B.C. Chapter Membership

Full Name: _____

Mailing Address: _____

(With Postal Code) _____

Phone: _____ Phone 2/Fax: _____

Email: _____ Website: _____

Your RAC Instructor: _____

I submit my application to become an active member in the **British Columbia Chapter of the Reflexology Association of Canada (RAC-BC)**. I understand that there are no additional fees payable to the Chapter as long as I am registered as a student with the Reflexology Association of Canada.

Date: _____ Signature: _____

STUDENT MEMBERSHIP NUMBER : _____



Please mail the original and keep one copy for your records

Kathryn M. Smith
BC Chapter Membership Director
532 Alexander Avenue
Penticton, BC, V2A 1E5

<i>For Office use only</i>	
Date Information emailed to the BC Chapter webmaster : _____	
Date application received: _____	Date sent to RAC Head Office: _____
Membership until: _____	Date received from RAC Head Office Student Chapter Fee _____