



Massachusetts Association of Reflexology
www.massreflexology.org
Membership Year: July 1, 2008 – June 30, 2009



Name _____ Email: _____
 Office Address: _____
 Home Address: _____
 Website Address : _____ Office Phone: () _____ - _____ Home Phone: () _____ - _____
Please Note: Your office address will be used for the MAR and RAA online and print directory. Complete all information as you would like it to appear in the directory. Please check the following box if you do not wish your name to be added to the directory.
 No, I do not want to be included in either online or print directories.

<u>Professional Membership</u>	MAR <input type="checkbox"/> New <input type="checkbox"/> Renewal	Prorated Last 6 mo New Member Only
MAR & RAA Professional Membership	RAA <input type="checkbox"/> New <input type="checkbox"/> Renewal	<input type="checkbox"/> \$ 75 for January 1- June 30, 2009
MAR & RAA Professional Membership & Personal Page	<input type="checkbox"/> \$125 per year	<input type="checkbox"/> \$145 for January 1- June 30, 2009
MAR & RAA Professional Membership & Web link	<input type="checkbox"/> \$195 first year (160 after 1 st yr)	<input type="checkbox"/> \$ 90 for January 1- June 30, 2009
MAR Professional Membership Only	<input type="checkbox"/> \$140 per year	<input type="checkbox"/> \$ 25 for January 1- June 30, 2009
RAA Professional Membership Only	<input type="checkbox"/> \$50 per year	<input type="checkbox"/> \$ 55 for January 1- June 30, 2009
	<input type="checkbox"/> \$75 per year	

A prorated fee will be applied to new memberships only.

Professional Membership requires completion of a 200 hour reflexology-only training course and certification by a school or a national non-profit reflexology testing board. Professional members may vote, hold office, and be eligible for a listing on the on-line directory. Documentation of specific reflexology training which has been certified by a school or certified /accredited teacher of reflexology is required. Hours of training from another therapy will not be considered. If additional space is needed, please use reverse. **Proof of 200-hour training or national board certification must be attached to process NEW applications. MAR & RAA reserves the right to verify all credentials.**

School Name: _____ Teacher's Name _____
 Address: _____
 Phone () _____ - _____ No. of Hrs Completed: _____ Date of Completion: _____
 Are you nationally certified by a non-profit reflexology certification board? Yes No Certification # _____
 Name of Board _____

Associate Membership is open to non-certified reflexologists not meeting the Professional member level standards, a student training in reflexology, a client or other interested person, an agency, a school, a business, a manufacturer, state association, or any other entity concerned about, and desiring to support the growth and development of the field of reflexology. **Associate member schools and offices** are eligible for a listing on the on-line directory. MAR/RAA reserves the right to verify all credentials.

<u>Associate Membership</u>	MAR <input type="checkbox"/> New <input type="checkbox"/> Renewal	Prorated Last 6 mo New Member Only
MAR & RAA Associate Membership	RAA <input type="checkbox"/> New <input type="checkbox"/> Renewal	<input type="checkbox"/> \$53 for January 1- June 30, 2009
MAR Associate Membership	<input type="checkbox"/> \$85 per year	<input type="checkbox"/> \$18 for January 1- June 30, 2009
RAA Associate Membership	<input type="checkbox"/> \$35 per year	<input type="checkbox"/> \$35 for January 1- June 30, 2009
	<input type="checkbox"/> \$50 per year	

A prorated fee will be applied to new memberships only

- I want to be a MAR volunteer: Newsletter PR Membership Legislation Education Website Other
 I want to be a RAA volunteer: Magazine Conference Membership Legislation Education Website Other

I verify that I have met the requirements for the level of membership which I am applying and I have included all required documentation. I understand that if any of the above information is found to be incorrect or invalid, my membership will be denied.

Signature: _____ Date: _____

Make checks payable and mail to: MAR Membership Committee PO Box 2232 Methuen, MA 01844	MAR USE ONLY	
	Received by: _____	Date: _____
	Check # _____	Volunteer follow-up: _____
	Amount: \$ _____	Directory listing: _____