



Massachusetts Association of Reflexology

(RAA Affiliated State)

2010-2011 Membership Application



(Please print legibly.)

Name: _____ Date: _____

Mailing Address: _____

Home phone: _____ Personal e-mail: _____

Office Address: _____

Website Address: _____

Office Phone: () _____ - _____ Office e-mail: _____

Please Note: Your mailing address is for MAR and RAA communications, 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.

Membership Year: July 1, 2010 – June 30, 2011

Check Membership Type and Dues:

Membership Type

MAR & RAA Professional Membership

MAR & RAA Associate Membership

MAR Professional Membership

MAR Associate Membership

New or Renewal 7/1/10-6/30/11

\$125 per year

\$85 per year

\$50 per year

\$35 per year

Prorated Last 6 mo New Member Only

\$90 for January 1- June 30, 2011

\$59 for January 1- June 30, 2011

\$35 for January 1- June 30, 2011

\$24 for January 1- June 30, 2011

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. Document specific reflexology training which has been certified by a school or certified /accredited teacher of reflexology. Hours of training from another therapy will not be considered. If additional space needed, please use reverse. **Proof of 200-hour training or national board certification must be attached to process application.** MAR & RAA reserve the right to verify all credentials.

School Name: _____ Teacher's Name _____

Complete Address: _____ State _____ Zip _____ / _____

PH: () _____ - _____ FAX: () _____ - _____ No. of Hrs Completed: _____ Date: _____

Are you nationally certified by a non-profit reflexology certification board? ___ Yes ___ No Year _____

Name of Board _____

Associate Membership is open to any reflexology school, office of professional-level member, reflexology association, student studying reflexology, non-reflexology businesses and members of the public wanting to support the growth and development of the profession. **Associate member schools and offices** are eligible for a listing on the on-line directory. MAR & RAA reserves the right to verify all credentials. **Schools must submit** outline of training program specific to reflexology including: anatomy/physiology, pathology, business ethics, reflexology history, objectives and time frame of each; class hours, clinic hours, total reflexology training hours; reflexology method(s) taught, state or ACARET accreditation, teacher(s) name(s), and teachers proof of certification and accreditations.

I want to volunteer my time to better my **local (MAR)** chapter of Reflexology, please let me know where my time can be most used.

I want to be a RAA volunteer: ___ Newsletter ___ 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 violated, my membership will be denied.

Signature: _____ Date: _____

Make Checks Payable to: Massachusetts Association of Reflexology.

YOU MAY DEDUCT \$5 FROM YOUR DUES IF YOU PAY BY JUNE 30.

Mail to: Membership Chair: June Kruger 38 Garvey Rd. Framingham, MA 01701	MAR USE ONLY	
	Received by:	
	Check #	Volunteer follow-up:
	Amount: \$	Directory listing: