



Georgia Reflexology Organization
www.GeorgiaReflexology.org
 (RAA Affiliated State)
Membership Year: July 1, 2009 – June 30, 2010



Name: _____ Email: _____
 Office Address: _____
 Home Address: _____
 Office Phone: () _____ - _____ Home Phone: () _____ - _____ Website: _____

NOTE: Your office address will be used for the GRO/RAA online and print directory. Complete information as you would like it to appear. 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 online or print directories.**

Professional Membership

GRO/RAA Professional Membership	<input type="checkbox"/> \$125 per year	GRO <input type="checkbox"/> New <input type="checkbox"/> Renewal
Add - RAA Professional Website Page	<input type="checkbox"/> \$ 70 first year (\$35 after 1 st yr)	RAA <input type="checkbox"/> New <input type="checkbox"/> Renewal
Add - RAA Reciprocal Web link	<input type="checkbox"/> \$ 15 per year	GRO <input type="checkbox"/> New <input type="checkbox"/> Renewal – 2 Years
GRO Professional Membership	<input type="checkbox"/> \$ 50 per year	RAA Prorated Last 6 mo NEW Member Only
RAA Professional Membership	<input type="checkbox"/> \$ 75 per year	<input type="checkbox"/> \$ 90 for Two Years
		<input type="checkbox"/> \$ 55 for January 1- June 30, 2010

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. **Proof of 200-hour training or national board certification must be attached to process NEW applications.** GRO/ RAA reserve 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/Address of Board: _____

Associate Membership

GRO & RAA Associate Membership	<input type="checkbox"/> \$85 per year	GRO <input type="checkbox"/> New <input type="checkbox"/> Renewal
GRO Associate Membership	<input type="checkbox"/> \$35 per year	RAA <input type="checkbox"/> New <input type="checkbox"/> Renewal
RAA Associate Membership	<input type="checkbox"/> \$50 per year	GRO <input type="checkbox"/> New <input type="checkbox"/> Renewal – 2 Years
Add - Reciprocal Web link for Business and Schools	<input type="checkbox"/> \$15 per year	RAA Prorated Last 6 mo NEW Member Only
		<input type="checkbox"/> \$65 for Two Years
		<input type="checkbox"/> \$35 for January 1- June 30, 2009

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. GRO/RAA reserves the right to verify all credentials.

I want to be a GRO volunteer: Newsletter Events Membership Recruitment Legislation Continuing Education
 PR/Networking Hospitality Other –List _____
 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 to: Georgia Reflexology Organization PO Box 28031 Atlanta, GA 30358 TEL: 770-240-0409 E-Mail: kotan@kotaninc.com	GRO USE ONLY	
	Received by:	
	Date - GRO:	Date - RAA:
	Check # and Amount	Check # and Amount