



# ALASKA REFLEXOLOGY ASSOCIATION (AKRA)

## Application for Professional Membership (RAA Affiliated State)

Name \_\_\_\_\_ Email: \_\_\_\_\_  
 Business Name: \_\_\_\_\_  
 Office Address: \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
 Fax : \_\_\_\_\_ Office Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

**Professional Membership:** Professional membership requires that a reflexologist be certified by a non-profit, national certification board, or certified by a school or training program with a minimum of 200 hours. If additional space is needed please continue on reverse. *New members must send a copy of training certificates or ARCB certification.*

**Annual dues: (July 1-June 30) are \$50. Pro-rated dues for new memberships (after January 1) are \$35 for Professional Members.**

School Name: \_\_\_\_\_ Teacher(s) Name: \_\_\_\_\_  
 School Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Number of hours completed: \_\_\_\_\_ Date completed: \_\_\_\_\_ Certificate Number: \_\_\_\_\_  
 Are you nationally certified by ARCB? \_\_\_\_\_ Yes \_\_\_\_\_ No Certificate Number: \_\_\_\_\_

I have an interest in contributing to AKRA in the following areas: \_\_\_\_\_ Networking/Public Relations \_\_\_\_\_ Legislation \_\_\_\_\_ Events  
 \_\_\_\_\_ Continuing Education \_\_\_\_\_ Membership/Recruitment \_\_\_\_\_ Hospitality \_\_\_\_\_ Delegate Other \_\_\_\_\_

Please make your check out to AKRA and mail to: AKRA Treasurer, 17543 Toakoana Drive, ER, AK 99577

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



**Reflexology Association of America**  
[www.reflexology-usa.org](http://www.reflexology-usa.org) – Affiliated with AKRA  
**Professional Membership – July 1 through June 30**

Name \_\_\_\_\_ Email: \_\_\_\_\_  
 Office Address: \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
 Website Address : \_\_\_\_\_ Office Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_  
**Note:** Your office address will be used for the online and print directory.  **No, I do not want to be included in either online or print directories.**

**Professional Membership** requires proof of either a 200 hour reflexology training, or national board certification. **Proof of training and/or certification must be attached to process NEW applications.** Professional members may vote, hold office, and are eligible for the online directory listing.

**NOTE: RAA Renewals can be paid with credit card on RAA website**

- |                                   |  |   |  |
|-----------------------------------|--|---|--|
|                                   | <input type="checkbox"/> New             | <input type="checkbox"/> Renewal              | <u>Prorated Last 6 months NEW Member Only</u>        |
| RAA Membership                    | <input type="checkbox"/> \$75 one year   | <input type="checkbox"/> \$140 two years      | <input type="checkbox"/> \$55 for January 1- June 30 |
| Website link (Please reciprocate) | <input type="checkbox"/> \$15 one year   | <input type="checkbox"/> \$30 two years       |  |
| Professional Page on Website      | <input type="checkbox"/> \$75 first year | <input type="checkbox"/> \$35 year thereafter |  |

School Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Program Hrs: \_\_\_\_\_  
 Address: \_\_\_\_\_

Nationally certified?  Yes  No Name of National Certification Board \_\_\_\_\_ Certification # \_\_\_\_\_

I want to be a RAA volunteer: \_\_\_\_\_ Membership \_\_\_\_\_ Magazine \_\_\_\_\_ Conference \_\_\_\_\_ Delegate \_\_\_\_\_ Other \_\_\_\_\_

I verify that I have met the requirements for Professional membership and attached 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 check payable to RAA. Mail: RAA Admin Office, P.O. Box 714, Chepachet, RI 02814**  
 Tel: 980-234-0159 Email: [infoRAA@Reflexology-usa.org](mailto:infoRAA@Reflexology-usa.org)