



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



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.**

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

<b>Professional Membership</b>	<b>GRO</b> <input type="checkbox"/> New <input type="checkbox"/> Renewal	
	<b>RAA</b> <input type="checkbox"/> New <input type="checkbox"/> Renewal	<b>RAA Prorated Last 6 mo NEW Member Only</b>
GRO/RAA Professional Membership	<input type="checkbox"/> \$125 per year	
Add - RAA Professional Website Page	<input type="checkbox"/> \$ 70 first year <input type="checkbox"/> \$ 35 thereafter	
Add – Your website link	<input type="checkbox"/> \$ 15 one year <input type="checkbox"/> \$ 30 two years	
GRO Professional Membership	<input type="checkbox"/> \$ 50 one year	
RAA Professional Membership	<input type="checkbox"/> \$ 75 one year <input type="checkbox"/> \$140 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: \_\_\_\_\_

<b>Associate Membership</b>	<b>GRO</b> <input type="checkbox"/> New <input type="checkbox"/> Renewal	<b>GRO</b> <input type="checkbox"/> New <input type="checkbox"/> Renewal – 2 Years
	<b>RAA</b> <input type="checkbox"/> New <input type="checkbox"/> Renewal	<b>RAA Prorated Last 6 mo NEW Member Only</b>
GRO & RAA Associate Membership	<input type="checkbox"/> \$85 per year	
GRO Associate Membership	<input type="checkbox"/> \$35 one year	
RAA Associate Membership	<input type="checkbox"/> \$50 one year <input type="checkbox"/> \$90 two years	<input type="checkbox"/> \$35 for January 1- June 30, 2009
Add – Your website link for Business and Schools	<input type="checkbox"/> \$15 one year <input type="checkbox"/> \$30 two years	
Add – RAA Professional Website Page	<input type="checkbox"/> \$70 one year <input type="checkbox"/> \$ 35 thereafter	

**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: \_\_\_\_\_

<b>Make checks payable to:</b>  <b>Georgia Reflexology Organization</b> PO Box 2322 Roswell, GA 30077  TEL: 770-240-0409 E-Mail: <a href="mailto:kotan@kotaninc.com">kotan@kotaninc.com</a>	<b>GRO USE ONLY</b>	
	Received by:	
	Date - GRO:	Date - RAA:
	Check # and Amount	Check # and Amount