



Reflexology Association of Iowa – RAI A
www.reflexologyiowa.org - (RAA Affiliated State)

Associate Membership - July 1 – June 30

Name _____ Email: _____
 Office Address: _____
 Home Address: _____
 Website Address : _____ Office Phone: () _____ - _____ Home Phone: () _____ - _____
NOTE: Your office address will be used for the RAI A online and print directory if you are a school or business.
 Complete information as you would like it to appear. **No, I do not want to be included in the online directory.**

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, 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. RAI A reserves the right to verify all credentials.

New Renewal \$20.00 per year Add – RAI A Reciprocal Web link \$15.00/yr

I want to be a RAI A volunteer: _____ Membership _____ Newsletter _____ Conference _____ Delegate _____ Other _____

I verify that I have met the requirements for Associate membership. 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 RAI A. Mail to: Carrie Ohrt Treasurer, 4901 East Rd SW, Cedar Rapids, IA 52404 Email: belair1995@mchsi.com Tel: 319-551-1310

Check/application form received _____



Reflexology Association of America
www.reflexology-usa.org – Affiliated with RAI A
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Name _____ Email: _____
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 No, I do not want to be included in either online or print directories.

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

(Circle membership Type)	<input type="checkbox"/> New <input type="checkbox"/> Renewal	<u>Prorated Last 6 mo NEW Member Only</u>
RAA Membership (Student/School/Office)	<input type="checkbox"/> \$50 one year <input type="checkbox"/> \$90 two years	<input type="checkbox"/> \$35 for January 1- June 30
School/Office Website link	<input type="checkbox"/> \$15 one year <input type="checkbox"/> \$30 two years	
School/Office Professional Page	<input type="checkbox"/> \$70 first year <input type="checkbox"/> \$35 year thereafter	

I want to be a RAA volunteer: _____ Membership _____ Magazine _____ Conference _____ Other _____

I verify that I have met the requirements for Associate membership. 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 to: RAA Admin Office, P.O. Box 714, Chepachet, RI 02814
 Tel: 980-234-0159 Email: infoRAA@reflexology-usa.org**