



Reflexology Association of Iowa – RAI A
www.reflexologyiowa.org - (RAA Affiliated State)
Professional 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. Complete information as you would like it to appear.
 No, I do not want to be included in the online directory.

Professional Membership requires proof of either 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 listed in the online directory. Hours of training from another therapy will not be considered. RAI A reserves the right to verify all credentials.

New Renewal \$30.00 per year Add – RAI A Reciprocal Web link \$15.00/yr

School Name: _____ Phone: _____ Program Hrs: _____
 Address: _____
 Nationally certified? Yes No Name of National Certification Board _____ Certification # _____

I want to be a RAI A volunteer: _____ Membership _____ Newsletter _____ 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 RAI A. Mail to: Carrie Ohrt Treasurer, 4901 East Rd SW, Cedar Rapids, IA 52404 Email: belair1995@mchsi.com
 Check/application/certification forms received _____ **Tel: 319-551-1310**



Reflexology Association of America
www.reflexology-usa.org – Affiliated with RAI A
Professional Membership – July 1 through June 30

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

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

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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