



**Massachusetts Association of Reflexology**  
**www.massreflexology.org**  
**Membership Year: July 1– June 30**



Name \_\_\_\_\_ Email: \_\_\_\_\_

Office Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

Website Address : \_\_\_\_\_ Office Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

**Please Note:** Your office address will be used for the MAR and RAA online and print directory. Complete all information, as you would like it to appear in the directory. Please 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 either online or print directories.**

**NOTE: RAA RENEWALS can be paid via credit card on RAA website, MAR renewals can be paid using Paypal on MAR website!**

**Professional Membership**

**MAR**  New  Renewal

**RAA**  New  Renewal

**Prorated Last 6 mo NEW Member Only**

**MAR & RAA Professional Membership**

\$125 per year

\$80 for January 1- June 30

Add RAA Professional Page

\$70 first year  \$35 thereafter

Add your website link to RAA

\$15 one year  \$30 two years

**MAR Professional Membership Only**

\$50 per year

\$25 for January 1- June 30

**RAA Professional Membership Only**

\$75 one year  \$140 two years

\$55 for January 1- June 30

A prorated fee will be applied to new memberships only.

**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. If additional space is needed, please use reverse. **Proof of 200-hour training or national board certification must be attached to process NEW applications. MAR & RAA reserves 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 of Board \_\_\_\_\_

**Associate Membership**

**MAR**  New  Renewal

**RAA**  New  Renewal

**Prorated Last 6 mo NEW Member Only**

**MAR & RAA Associate Membership**

\$85 per year

\$53 for January 1- June 30

**MAR Associate Membership**

\$35 per year

\$18 for January 1- June 30

**RAA Associate Membership**

(Circle one: Student/School/Business)

\$50 one year  \$90 two years

\$35 for January 1- June 30

School/Business-Add your website link to RAA

\$ 15 one year  \$30 two years

Add RAA Professional Page

\$ 70 first year  \$ 35 thereafter

A prorated fee will be applied to new memberships only

**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. MAR/RAA reserves the right to verify all credentials.

I want to be a MAR volunteer: \_\_\_ Newsletter \_\_\_ PR \_\_\_ Membership \_\_\_ Legislation \_\_\_ Education \_\_\_ Website \_\_\_ Other

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 MAR and mail to:**

**PO Box 103  
Weymouth MA 02191**

**EMAIL: MassReflexology@gmail.org**

**MAR USE ONLY**

Received by:	Date:
Check #	Volunteer follow-up:
Amount: \$	Directory listing: