



Reflexology Association of Ohio
www.reflexology-ohio.org
(RAA Affiliated State)
Membership Application



(Please print legibly.)

Name _____ Date _____ Date of Birth (MMDD): _____

Mailing Address: _____

Office Address: _____

Website Address : _____

Office Phone: () _____ - _____ Home Phone: () _____ - _____ Email: _____

Please Note: Your mailing address is for RAO and RAA communications, your office address will be used for the RAO 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.

Membership Year: July 1 – June 30

Check Membership Type and Dues:

<u>Membership Type</u>	<u>New or Renewal July 1 – June 30</u>	<u>Prorated Last 6 mo New Member Only</u>
RAO & RAA Professional Membership	<input type="checkbox"/> \$125 per year	<input type="checkbox"/> \$ 75 for January 1- June 30
RAO & RAA Professional Membership & Web Page	<input type="checkbox"/> \$195 first year (160 after 1 st yr)	<input type="checkbox"/> \$145 for January 1- June 30
RAO & RAA Professional Membership & Web link	<input type="checkbox"/> \$140 per year	<input type="checkbox"/> \$ 90 for January 1- June 30
RAO Professional Membership	<input checked="" type="checkbox"/> \$80 two years Save \$20	
	<input type="checkbox"/> \$50 per year	<input type="checkbox"/> \$ 25 for January 1- June 30

A prorated fee will be applied to, new memberships only, when joining after December 31.

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 needed, please use reverse. **Proof of 200-hour training or national board certification must be attached to process application. RAO & RAA reserves the right to verify all credentials.**

School Name: _____ Teacher's Name _____

Complete Address: _____ State _____ Zip _____ / _____

Phone () _____ - _____ FAX: () _____ - _____ No. of Hrs Completed: _____ Date: _____

Are you nationally certified by a non-profit reflexology certification board? _____ Yes _____ No Year _____

Name of Board _____

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. RAA & RAO reserves the right to verify all credentials.

<u>Membership Type</u>	<u>New or Renewal July 1 – June 30</u>	<u>Prorated Last 6 mo New Member Only</u>
RAO & RAA Associate Membership	<input type="checkbox"/> \$85 per year	<input type="checkbox"/> \$53 for January 1- June 30
RAO Associate Membership	<input checked="" type="checkbox"/> \$56 for two years Save \$14	
	<input type="checkbox"/> \$35 per year	<input type="checkbox"/> \$18 for January 1- June 30

A prorated fee will be applied to, new memberships only, when joining after December 31.

I want to be a RAO volunteer: _____ Membership _____ Newsletter _____ Conference _____ 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 and mail to: Reflexology Association of Ohio P.O. Box 33 Montville, OH 44064	RAO USE ONLY	
	Received by:	
	Check #	Volunteer follow-up:
	Amount: \$	Directory listing: