



Arizona Reflexology Association
www.reflexology-az.com
(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 AZRA/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.**

Professional Membership

AZRA New Renewal

RAA New Renewal

Prorated Last 6 mo NEW Member Only

AZRA/RAA Professional Membership	<input type="checkbox"/> \$125 per year	<input type="checkbox"/> \$ 80 for January 1- June 30
AZRA Professional Membership	<input type="checkbox"/> \$ 50 per year	<input type="checkbox"/> \$ 25 for January 1- June 30
RAA Professional Membership	<input type="checkbox"/> \$ 75 one year <input type="checkbox"/> \$140 two years	<input type="checkbox"/> \$ 55 for January 1- June 30
Add - RAA Professional Website Page	<input type="checkbox"/> \$ 70 first year <input type="checkbox"/> \$35 thereafter	
Add - RAA Reciprocal Web link	<input type="checkbox"/> \$ 15 one year <input type="checkbox"/> \$30 two years	

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.** AZRA/ 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/Address of Board: _____

Associate Membership

AZRA New Renewal

RAA New Renewal

Prorated Last 6 mo NEW Member Only

AZRA & RAA Associate Membership	<input type="checkbox"/> \$75 per year	<input type="checkbox"/> \$50 for January 1- June 30
AZRA Associate Membership	<input type="checkbox"/> \$25 per year	<input type="checkbox"/> \$15 for January 1- June 30
RAA Associate Membership	<input type="checkbox"/> \$50 one year <input type="checkbox"/> \$90 two years	<input type="checkbox"/> \$35 for January 1- June 30
Add - Reciprocal Web link for <u>Business and Schools</u>	<input type="checkbox"/> \$15 one year <input type="checkbox"/> \$30 two years	

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. AZRA/RAA reserves the right to verify all credentials.

I want to be an AZRA volunteer: Newsletter Conference Membership Legislation Education Website Research PR Other
 I want to be a RAA volunteer: Magazine Conference Membership Legislation Education Website Research PR 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: AZRA 7320 N. LaCholla Blvd. Suite 154 #145 Tucson, AZ 85741	Contact Information: Carol Crockett Membership Secretary 520-615-5162 E-Mail: footbliss@comcast.net	AZRA USE ONLY	
		Received by:	
		Date – AZRA:	Date - RAA:
		Check # and Amount	Check # and Amount

