Associated Reflexologists of Colorado

www.reflexology-colorado.org

(RAA Affiliated State)

Membership Year: July 1 – June 30

Name: _____ Email: _____

Business Name and Office Address:_____

Home Address: _____

Office Phone: ( ) _____-_____ Home or cell Phone: ( ) _____-_____ Website:_____

NOTE: Your office address will be used for the ARC online and print directory. Complete information as you would like it to appear including other modalities. 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

ARC New Renewal **Prorated Last 6 mo NEW Member Only**

ARC Professional Membership $ 50 per year

Professional Membership requires completion of a 300 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 300-hour training or national board certification must be attached to process NEW applications**.
ARC reserve 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

ARC New Renewal **Prorated Last 6 mo NEW Member Only**

ARC Associate Membership $35 per year

(circle one)

Add – Your website link for Business/Schools $15 one year $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. ARC/RAA reserves the right to verify all credentials.

I want to be an ARC volunteer: __ Newsletter __PR __ Membership __ Legislation __ Continuing Education __ 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: ARC **NOTE: An application MUST accompany your payment.** Attn: Treasurer Email: membership@reflexology-colorado.org PO Box 697 Englewood, CO 80151	**ARC USE ONLY**	
	Received by:	
	Date - ARC:	Date -:
	Check # and Amount	Check # and Amount