



Reflexology Association of BC

Membership Application

PO Box 248, 720 Sixth Street, New Westminster, BC V3L 3C5
 V: 604.435.8325 • E-mail: membership@reflexologybc.com • Internet – www.reflexologybc.com

Membership Year: January 1st - December 31st
 (If applying after July 1st, deduct 50%)

Annual Fees: General Membership/Student____(\$30) Practitioner____(\$50) Instructor____(\$80)

Students to fill out section 1 & 5, Practitioners 1, 2 4 & 5, Teachers 1, 3, 4 & 5

1. To be filled out by all applicants.

First Name:		Last Name:		Membership Type:	
Address:			City & Province:		
Postal Code:		Home Phone:		Work Phone:	
Email:		Website:			
Newsletter:	Paper (Mailed)		Electronic (e-mailed)		

2. If applying at the Practitioner level fill out this section.

Basic Certification Date:		Number of hours in this course:		Minimum of 60 hours required
School Name:				

A 60 hour log is to be completed after certification in order to qualify for Practitioner status in the RABC. Please supply your log of 60 hours.

3. If applying at the Teacher level fill out this section.

Teacher Certification Date:		Number of hours in this course:	
School Name:			
Number of years practicing Reflexology:		Minimum of 2 years required	

A 200 hour log is to be completed, after certification, in order to qualify for Teacher status in the RABC. Please supply your log of 200 hours, along with course notes and charts.

4. Practitioners and Teachers: What information would you like on our website? (e.g. other modalities)

Referrals: Yes _____ No _____ Contact number for referrals _____ House Calls: Yes _____ No _____

5. I agree to adhere to the Objectives, Code of Ethics, Code of Conduct and Constitution and By-laws of the Reflexology Association of BC (RABC) and pay the annual dues.

Signature: _____ Date: _____

In order for this application to be considered for review, the following forms must be completed and signed, and returned with this completed application:

- ❖ Please read Membership Criteria
- ❖ Code of Ethics
- ❖ Appropriate logs
- ❖ Copy of Reflexology Certificate

A receipt and a membership card will be issued upon receipt of your application & applicable fee.

Office Use:	Date Received _____	Amount Received _____	Cheque No. _____
	Membership No. _____	Receipt Number _____	