



Reflexology Association of Rhode Island
www.ReflexologyRI.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 RARI/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.**

<u>Professional Membership</u>	RARI <input type="checkbox"/> New <input type="checkbox"/> Renewal RAA <input type="checkbox"/> New <input type="checkbox"/> Renewal	<u>Prorated Last 6 mo NEW Member Only</u>
RARI/RAA Professional Membership	<input type="checkbox"/> \$115 per year	<input type="checkbox"/> \$ 75 for January 1- June 30
Add - RAA Professional Web Page	<input type="checkbox"/> \$ 70 first year (\$35 after 1 st yr)	
Add - RAA Reciprocal Web link	<input type="checkbox"/> \$ 15 per year	
RARI Professional Membership with Web link	<input type="checkbox"/> \$ 40 per year	<input type="checkbox"/> \$ 20 for January 1- June 30
RAA Professional Membership	<input type="checkbox"/> \$ 75 per year	<input type="checkbox"/> \$ 55 for January 1- June 30

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.** RARI/ RAA 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: _____

<u>Associate Membership</u>	RARI <input type="checkbox"/> New <input type="checkbox"/> Renewal RAA <input type="checkbox"/> New <input type="checkbox"/> Renewal	<u>Prorated Last 6 mo NEW Member Only</u>
RARI & RAA Associate Membership	<input type="checkbox"/> \$80 per year	<input type="checkbox"/> \$50 for January 1- June 30
RARI Associate Membership with Web link for Businesses/Schools	<input type="checkbox"/> \$30 per year	<input type="checkbox"/> \$15 for January 1- June 30
RAA Associate Membership	<input type="checkbox"/> \$50 per year	<input type="checkbox"/> \$35 for January 1- June 30
Add - Reciprocal Web link for Business and Schools	<input type="checkbox"/> \$15 per year	

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

I want to be a RARI volunteer: Newsletter Conference 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: RARI Geri Marandola 22 Ruggieri Circle Cranston, RI 02920 TEL: 401-524-0333 E-Mail: geriflex@cox.net	RARI USE ONLY	
	Received by: _____	
	Date - RARI: _____	Date - RAA: _____
	Check # and Amount	Check # and Amount