

REFLEXOLOGY ASSOCIATION OF IOWA – RAI MEMBERSHIP FORM – ASSOCIATE/STUDENT MEMBER



PERSONAL INFORMATION

Please print clearly

NAME: _____ DATE: _____
HOME ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
PHONE: _____ TEXT: YES _____ NO _____ EMAIL: _____

BUSINESS INFORMATION

BUSINESS NAME: _____
BUSINESS ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
MAIN PHONE: _____ EMAIL: _____
WEBSITE: www. _____

REFLEXOLOGY EDUCATION

REFLEXOLOGY SCHOOL ATTENDED: _____
NUMBER OF HOURS OF REFLEXOLOGY TRAINING: _____ GRADUATION DATE: _____
NATIONALLY CERTIFIED? Yes No CERTIFICATION # _____

MEMBERSHIP INFORMATION

MEMBERSHIP PERIOD: July 1 – June 30

FEES:

Reflexology Student, Associate: \$45
RAIA Reciprocal Web Link: \$15

- **ASSOCIATE MEMBERSHIP** is open to non-certified reflexologists not meeting the professional member level standards.
- An Associate member is a reflexology student, a client or other interested person, an agency, school, business, state association.
- Associate members may not hold office, vote, or set policy.
- Only Associate member schools and businesses will be listed on the RAI Online Directory.

I verify that I have met the above requirements for membership and attach the 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: _____

PLEASE MAKE CHECKS PAYABLE TO: Reflexology Association of Iowa (RAIA).

SEND TO: Treasurer, Joye Meyer, 120 4th Ave W., Cresco, IA 52136 | 563-547-3099 | jchs327@hotmail.com