REFLEXOLOGY ASSOCIATION OF IOWA – RAIA MEMBERSHIP FORM – NEW MEMBER



PERSONAL INFORMATION			Please	e print clear
NAME:			DATE:	
HOME ADDRESS:				
CITY:		_ STATE:	ZIP:	
PHONE:	_ TEXT: YES	NO EMAI	L:	
BUSINESS INFORMATION				
BUSINESS NAME:				
BUSINESS ADDRESS:				
CITY:		STATE:	ZIP:	
MAIN PHONE:	EMAIL	L:		
WEBSITE: www				
REFLEXOLOGY SCHOOL ATTENDED NUMBER OF HOURS OF REFLEXOLO				
NATIONALLY CERTIFIED? Yes	No		CERTIFICATION #	
MEMBERSHIP INFORMATION				
MEMBERSHIP PERIOD: July 1 – Jun	≥ 30	FEES:	Reflexology Practitioner, Profes RAIA Reciprocal Web Link:	
Please send a copy of your certifice Professional membership requires Membership Period is July 1 – June 16 CE's are required every 2 years Professional members will be listed Professional members may vote, here	proof of either 30 a 30 of each year. to maintain your of d on the RAIA Prac	00 hours of reflexo certification. Proo ctitioner Directory	logy training, or national board co f of renewal must be sent to Treas	
rify that I have met the above requ	irements for mem	bership and attac	h the required documentation. I u	understand t

any of the above information is found to be incorrect or invalid, my membership will be denied.