REFLEXOLOGY ASSOCIATION OF IOWA — RAIA MEMBERSHIP FORM — RENEWAL OF PROFESSIONAL MEMBER



PERSONAL INFORMATION					Please print	clearly	
NAME:					DATE:		
HOME ADDRESS:							
CITY:		STATE:		ZIP:			
PHONE:	TEXT: YES_	NO	_ EMAII	L:			
BUSINESS INFORMATION							
BUSINESS NAME:							
BUSINESS ADDRESS:							
CITY:		STATE:		ZIP:			
MAIN PHONE:	EM	AIL:					
WEBSITE: www							
REFLEXOLOGY EDUCATION	Di						
REFLEXOLOGY SCHOOL ATTENDE							
NATIONALLY CERTIFIED? Yes					GRADUATION DATE: CERTIFICATION #		
MEMBERSHIP INFORMATION							
MEMBERSHIP PERIOD: July 1 – Ju	ne 30		FEES:	0,	ractitioner, Professional: cal Web Link:	\$60 \$15	
PROFESSIONAL MEMBERSHIP re Membership Period is July 1 – Jun 16 CE's are required every 2 year Professional members will be list Professional members may vote,	ne 30 of each years to maintain yo ed on the RAIA P	ar. ur certificatio Practitioner Di	n. Proof rectory.	of renewal mu	_	ificatio	
rify that I have met the above req	uirements for m	embership an	d attacl	h the required		and tha	
NATURE:					ΔTF·		