

REFLEXOLOGY ASSOCIATION OF IOWA – RAIA MEMBERSHIP FORM – RETIRED MEMBER



PERSONAL INFORMATION

Please print clearly

NAME: _____ DATE: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ TEXT: YES _____ NO _____ EMAIL: _____

MEMBERSHIP INFORMATION

MEMBERSHIP PERIOD: July 1 – June 30

FEES: Retired Reflexology Practitioner: **\$35**

- **RETIRED MEMBERSHIP** is open to Retired Reflexologists who are no longer practicing reflexology, but would like to continue to support and remain in contact with RAIA.
- Retired Members will not be listed on the RAIA Practitioner Directory.
- Retired members may vote, hold office and will receive a renewal card/letter.

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