

REFLEXOLOGY ASSOCIATION OF IOWA – RAIA MEMBERSHIP FORM



PERSONAL INFORMATION

Please print clearly

NAME: _____ DATE: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

BUSINESS INFORMATION

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

MAIN PHONE: _____ EMAIL: _____

WEBSITE: _____

REFLEXOLOGY EDUCATION

REFLEXOLOGY SCHOOL ATTENDED: _____

NUMBER OF HOURS OF REFLEXOLOGY TRAINING: _____ GRADUATION DATE: _____

NATIONALLY CERTIFIED? Yes No CERTIFICATION # _____

MEMBERSHIP INFORMATION

Please send a copy of your certificate
if you are a new member

MEMBERSHIP PERIOD: July 1 – June 30

FEES: Reflexology Practitioner, Professional:	\$60
Reflexology Student, Associate:	\$45
RAIA Reciprocal Web Link:	\$15
Retired Reflexology Practitioner:	\$35

- **PROFESSIONAL MEMBERSHIP** requires proof of either 300 hours of reflexology training, or national board certification. Proof of training and/or certification must be attached to process new applications.
- **ASSOCIATE MEMBERSHIP** is open to non-certified reflexologists not meeting the professional member level standards, a reflexology student, a client or other interested person, an agency, school, business, state association.
- **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.

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, Patricia Barrance, 1590 17th Ave., Marion, IA 52302-2376 | 319-373-0345 | patricia.barrance@gmail.com