



North Carolina Reflexology Association  
www.reflexology-nc.org  
(RAA Affiliated State)  
Membership Year: July 1, 2011 – June 30, 2012



Name: \_\_\_\_\_ Email: \_\_\_\_\_

Office Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

Office Phone: \_\_\_\_-\_\_\_\_-\_\_\_\_ Home Phone: \_\_\_\_-\_\_\_\_-\_\_\_\_ Website: \_\_\_\_\_

**NOTE:** Your office address will be used for the NCRA/RAA online and print directory. Complete information as you would like it to appear.  
• Check the following box if you do not wish your name to be added to the directory. **No, I do not want to be included in online or print directories.**

<u><b>Professional Membership</b></u>	<u><b>NCRA RAA</b></u>	<u><b>New New</b></u>	<u><b>Renewal Renewal</b></u>	<u><b>Prorated Last 6 mo NEW Member Only</b></u>
NCRA/RAA Professional Membership		\$115 per year		\$ 75 for January 1- June 30, 2010
NCRA Professional Membership		\$ 40 per year		\$ 20 for January 1- June 30, 2010
Add - NCRA Personal Web Page (4 pages)		\$ 40 first year	(\$15 after 1 <sup>st</sup> yr)	(\$15 each additional page to build 1 <sup>st</sup> year)
RAA Professional Membership		\$ 75 per year		\$ 55 for January 1- June 30, 2010
Add - RAA Personal Page		\$ 70 first year	(\$35 after 1 <sup>st</sup> yr)	
Add - RAA Reciprocal Web link		\$ 15 per year		

**Professional Membership** requires completion of a 200 hour reflexology-only training course and certification by a school or a national non-profit reflexology testing board. Professional members may vote, hold office, and be eligible for a listing on the on-line directory. Documentation of specific reflexology training which has been certified by a school or certified /accredited teacher of reflexology is required. Hours of training from another therapy will not be considered. **Proof of 200-hour training or national board certification must be attached to process NEW applications.**

NCRA/ RAA reserves the right to verify all credentials. **ARCB:    Yes, ARCB Number                       Not ARCB**

School Name: \_\_\_\_\_ Teacher's Name \_\_\_\_\_

Address: \_\_\_\_\_

Phone aaaaaaa/ \_\_\_\_\_ " " \_\_\_\_\_ No. of Hrs Completed: \_\_\_\_\_ "" \_\_\_\_\_ Date of Completion: \_\_\_\_\_

Are you nationally certified by a non-profit reflexology certification board?    Yes    No \_\_\_\_\_ Certification # \_\_\_\_\_

Name/Address of Board: \_\_\_\_\_

<u><b>Associate Membership</b></u>	<u><b>NCRA RAA</b></u>	<u><b>New New</b></u>	<u><b>Renewal Renewal</b></u>	<u><b>Prorated Last 6 mo NEW Member Only</b></u>
NCRA & RAA Associate Membership		\$75 per year		\$50 for January 1- June 30, 2010
NCRA Associate Membership		\$25 per year		\$15 for January 1- June 30, 2010
RAA Associate Membership		\$50 per year		\$35 for January 1- June 30, 2010
Add - Reciprocal Web link for <u>Business and Schools</u>		\$15 per year		

**Associate Membership** is open to non-certified reflexologists not meeting the Professional member level standards, a student training in reflexology, a client or other interested person, an agency, a school, a business, a manufacturer, state association, or any other entity concerned about, and desiring to support the growth and development of the field of reflexology. **Associate member schools and offices** are eligible for a listing on the on-line directory. NCRA/RAA reserves the right to verify all credentials.

I want to be an NCRA volunteer:    Newsletter    Conference    Membership    Legislation    Education    Website    Research    PR    Other

I want to be a RAA volunteer:    Magazine    Conference    Membership    Legislation    Education    Website    Research    PR    Other

**I verify that I have met the requirements for the level of membership which I am applying and I have included all 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: \_\_\_\_\_

<b>Make checks payable and mail to:</b>  NCRA PO BOX 19405 CHARLOTTE, NC 28219-9405	Contact Information: Cyndi Hill President 704-636-4153	<b>NCRA USE ONLY</b>	
		Received by:	
		Date – NCRA:	Date - RAA:
		Check # and Amount	Check # and Amount