



# Reflexology Association of British Columbia

Submit completed application with copies of all certificates and signed code of Ethics and Conduct to: Membership c/o 277 East Side Road, Okanagan Falls, BC V0H 1R0  
Phone 604.435.8325 -- Email: enquiry@reflexologyofbc.com

## NEW MEMBERSHIP APPLICATION

**Annual Membership is from January 1 – December 31 Dues must be paid by January 31**

**Associate: \$50.00 -- Student: \$45.00 – Approved Practitioner: \$70.00 – Teacher/Instructor: \$100.00**

NB: All Practitioners MUST obtain Approved Practitioner Status within 18 months of Practitioner application or remain as an Associate member only Associate members may practice reflexology as non-approved practitioners  
RABC Proficiency Exam is available twice per year

**1. To be filled out by all applicants** Male Female Birthdate: \_\_\_\_\_

First Name:	Last:	Membership Type:
Address:	City/Province:	Postal Code:
Phone:	Work:	Email:
Website:		
What is the best email address to contact you?		

**2. Associate/ Student/ Approved Practitioner & Teacher applicants fill out this section – continuing education credits are required every three years to maintain Approved or Teacher Status – attach copies of certificates and exam application**

RABC Proficiency Exam Date:	
Certification Date:	Number of hours in course (40+60 minimum):
Was an examination part of the curriculum? (circle) Yes No	School / teacher Name:
What modalities are you certified in? (circle) Hand Foot Ear Face Other:	

**3. Teacher applicants fill out this section**

Teacher Certification Date:	Number of hours in course:
School/teacher Name:	
Number of years practicing Reflexology (min. 2 year requirement):	

**A 200-hour session record is to be completed, after basic certification, in order to qualify for Teacher status in RABC. Please supply the original session record along with course notes and charts.**

### **THIS APPLICATION ALLOWS THE RABC TO SEND THE APPLICANT PERIODICAL EMAILS AND NEWSLETTERS RELATING TO THE RABC**

**5. I agree to adhere to the Objectives, Code of Ethics and Conduct and the Constitution and By-laws of the Reflexology Association of British Columbia (RABC) and pay the annual dues. (a signed copy of the RABC code of ethics is enclosed)**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**All Applicants:** To ensure that your completed application will be considered and/or accepted, please read the membership criteria on the website carefully. With your completed application, submit the applicable membership fee, a **signed printout of RABC's code of ethics and if applicable, a copy of your Practitioner and/or Teacher Certificate.** Failure to do so may result in a delay or refusal of your application.

**A receipt and membership material will be issued upon acceptance of your application. We accept E-transfer and Cheques/Cash only**

Office use: Date received _____	ND Amount received _____	Pymt type. # _____
Membership #: _____	Receipt Number _____	
<i>Distribution: President, Webmaster, Treasurer, Membership Director</i>		