



Reflexology Association of British Columbia

Email to: enquiry@reflexologyofbc.com - Phone 604-435-8325

WEBSITE DIRECTORY LISTING APPLICATION For Approved Reflexology Practitioners, and Reflexology Teachers

Your Name _____

Approved Member Number: _____

Important: The below information is Public, only complete the fields that you want the public to see:

Your Name as you wish it to appear on the RABC website (required):

Name of your Business (if applicable):

Name of City/Town where your Business is located (required): _____

List of your modalities/services you wish to highlight on RABC website:

Contact information – **only complete the fields that you want the public to see:**

Office Phone: _____ cell: _____

Email: _____

Website: _____

Are you mobile, meaning do you travel to see the client? Yes or No _____

Do you have a permanent location, where clients come to see you? Yes or No _____

Yes I give the Reflexology Association of BC (RABC) permission to post the above information on the public RABC website.

Signed: _____ Date: _____

Scan & Submit by email to enquiry@reflexologyofbc.com

www.reflexologyofbc.com