



Reflexology Association of Iowa – RAIA
www.reflexologyiowa.org - (RAA Affiliated State)
Professional Membership - July 1 – June 30

Name _____ Email: _____
 Office Address: _____
 Home Address: _____
 Website Address : _____ Office Phone: () _____ - _____ Home Phone: () _____ - _____
NOTE: Your office address will be used for the RAIA online and print directory. Complete information as you would like it to appear.
 No, I do not want to be included in the online directory.

Professional Membership requires proof of either 200 hour reflexology training, or national board certification. **Proof of training and/or certification must be attached to process NEW applications.** Professional members may vote, hold office, and are listed in the online directory. Hours of training from another therapy will not be considered. RAIA reserves the right to verify all credentials.

- New Renewal \$30.00 per year Add – RAIA Reciprocal Web link \$15.00/yr

School Name: _____ Phone: _____ Program Hrs: _____
 Address: _____

Nationally certified? Yes No Name of National Certification Board _____ Certification # _____

- I want to be a RAIA volunteer: _____Membership _____Newsletter _____Conference _____Delegate _____Other

I verify that I have met the requirements for Professional membership and attached 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: _____

Make check payable to RAIA. Mail to: Kristine Orcutt 6435 Colby Ave Winsor Heights, IA 50324 Email: reflexology.kris@gmail.com Tel: 515-778-9342

Check/application/certification forms received _____



Reflexology Association of America
www.reflexology-usa.org – Affiliated with RAIA
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 No, I do not want to be included in either online or print directories.

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- | | | |
|------------------------------|--|--|
| RAA Membership | <input type="checkbox"/> New <input type="checkbox"/> Renewal | <u>Prorated Last 6 months NEW Member Only</u> |
| Website link | <input type="checkbox"/> \$75 one year <input type="checkbox"/> \$140 two years | <input type="checkbox"/> \$55 for January 1- June 30 |
| Professional Page on Website | <input type="checkbox"/> \$15 each year and reciprocal link | |
| | <input type="checkbox"/> \$75 first year <input type="checkbox"/> \$35 year thereafter | |

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Signature: _____ Date: _____

**Make check payable to RAA. Mail: RAA Admin Office, P.O. Box 714, Chepachet, RI 02814
 Tel: 980-234-0159 Email: infoRAA@Reflexology-usa.org**