



**Reflexology Association of Ohio**  
**Membership Application**  
 (RAA Affiliated State)  
[www.reflexology-ohio.org](http://www.reflexology-ohio.org)

(Please print legibly.)  
 Name \_\_\_\_\_ Date: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Office Address: \_\_\_\_\_  
 Website Address: \_\_\_\_\_  
 Office Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_  
**Please Note:** Your mailing address is for RAO communications; your office address will be used for the RAO online and print directory. Complete all information as you would like it to appear in the directory. Please check the following box if you do not wish your name to be added to the directory.  
 **I do not want to be included in either online or print directories.**

**Professional Membership** requires completion of **300 hours** of reflexology-only training, which includes 180 hours of in class training and certification by a school. Professional members may vote, hold office, and be eligible for a listing on the on-line directory. Some hours of related training from another therapy may be considered toward the additional 120 hours.

**Associate Practitioner Membership** – requires completion of a minimum of **200 hours** of reflexology-only training by a certified school. Documentation of specific reflexology training, which has been certified by a school or certified/accredited teacher of reflexology, is required. Hours of related training from another therapy will not be considered toward the required hours.

My credentials are on file \_\_\_ Yes \_\_\_ No If No, proof of the required training must be attached to process application. **RAO reserves the right to verify all credentials.**

School Name: \_\_\_\_\_ Teacher's Name \_\_\_\_\_  
 Complete Address: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone ( ) \_\_\_\_\_ - \_\_\_\_\_ FAX: ( ) \_\_\_\_\_ - \_\_\_\_\_ No. of Hrs. Completed: \_\_\_\_\_ Date: \_\_\_\_\_  
 Are you nationally certified by a non-profit Reflexology certification board? \_\_\_ Yes \_\_\_ No Year \_\_\_\_\_  
 Name of Board \_\_\_\_\_

**Friends of Reflexology Membership** is open to non-certified reflexologists not meeting the Professional or Associate 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.

**Membership Year: July 1, 2019 – June 30, 2020**

**Check Membership Type and Dues:**

<u>Membership Type</u>	<u>New or Renewal 7/1 -6/30</u>	<u>Prorated Last 6 mo New Member Only</u>
RAO Professional Membership	<input type="checkbox"/> \$50 per year	<input type="checkbox"/> \$25 for January 1- June 30 <sup>th</sup>
RAO Associate Practitioner	<input type="checkbox"/> \$35 per year	<input type="checkbox"/> \$18 for January 1- June 30 <sup>th</sup>
RAO Friend of Reflexology <input type="checkbox"/> Student <input type="checkbox"/> School <input type="checkbox"/> Supporter	<input type="checkbox"/> \$35 per year	<input type="checkbox"/> \$18 for January 1- June 30 <sup>th</sup>
<input type="checkbox"/> New <input type="checkbox"/> Renewal Member # _____		

A prorated fee will be applied to new memberships only when joining after December 31.

I want to be a RAO volunteer: \_\_\_ Membership \_\_\_ Newsletter \_\_\_ Conference \_\_\_ Board \_\_\_ 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: \_\_\_\_\_

Visit [www.reflexology-ohio.org](http://www.reflexology-ohio.org) to pay using Paypal.

<b>Make check payable to:</b>  <b>Reflexology Association of Ohio</b> <b>3601 N. Taylorsville Road</b> <b>Hillsboro, OH 45133</b>	<b>RAO USE ONLY</b>	
	Received by:	
	Check #	Volunteer follow-up:
	Amount: \$	Directory listing:

**RAO Members are also encouraged to join the *Reflexology Association of America (RAA)***

Go to: [www.reflexology-usa.org](http://www.reflexology-usa.org) or email: [infoRAA@reflexology-usa.org](mailto:infoRAA@reflexology-usa.org)