



304-414 Graham Avenue

Winnipeg MB R3C 0L8

Toll free: 1-877-722-3338

Phone: 204-477-4909

Fax: 204-477-4955

Website: www.reflexologycanada.ca

Email: memberservices@reflexolog.org



RCRT Application Form

First Name _____ Member No. _____
 Last Name _____
 Street/PO Box _____ (Mailing address only please)
 City _____ Province _____
 Postal Code _____ Country _____
 Phone Number _____
 E-mail Address _____

Proof of liability Insurance (*Optional)

Payment details (payment to "Reflexology Association of Canada" in Canadian funds please)

Application fee

Canadian residents: \$26.25 (except NS, NB, NFLD and Lab) – includes \$1.25 GST

\$28.25 (only NS, NB, NFLD and Lab) – includes \$3.25 HST

Outside Canada: \$25.00

If paying by credit card, please enter information below:

\$ _____ Membership fee Cardholder name: _____

Card number: _____ Exp. Date: _____

\$ _____ Total amount Signature: _____

Payment method: ___Cheque ___Money order ___MasterCard ___Visa ___Amex

Please read and sign the following statements:

- I agree to complete 30 CEU's (Continuing Education Credits) approved by RAC for the 3 year cycle. This shall include proof of credits for the Grandfathering Clause eligible for the first 3 year cycle only.
- I agree to retain all verification forms and documentation and provide these forms to RAC when requested.
- I will submit any additional information not listed, that may be required by RAC.
- I have read RAC's Standards of Practice and Code of Ethics and agree to continue to abide by them as set forth by RAC.

I verify that the above information is true.

Signature of Reflexologist: _____ Date: _____

Office Use Only

Date Received _____

Cheque # _____

Database _____

Insurance _____

Email _____

Date Receipt Sent _____

Double Check _____