

Alaska Reflexology Association (AKRA)

APPLICATION FOR MEMBERSHIP

Membership year: July 1st - June 30th

CONTACT INFORMATION - PLEASE PRINT

Date: _____

Name: _____

Mailing Address: _____ City/State/Zip: _____

Primary Contact Phone: _____

Business Name: _____ Business Email: _____

Business Website: _____

Your mailing address is for AKRA use, Business information will be listed in the AKRA online directory. Complete all information as you would like it to appear. Please check the following if you do not want your name added to the directory.

I do NOT want to be included in the AKRA online directory.

Professional Membership: Professional membership requires that a Reflexologist be certified by a non-profit, national certification board, or certified by a school or training program with a minimum of **300 hours**.

New members must send a copy of training certificates or ARCB certification by mail or online.

Annual dues (July 1 - June 30) are \$60. Pro-rated dues for new memberships (after January 1) are \$35 for Professional Members.

School Name: _____ Teachers Name: _____

School Address: _____

City/State/Zip: _____

Phone: _____ Number of Hours Completed: _____ Date completed: _____

Certificate Number: _____

Are you nationally certified by ARCB? Y N Certificate Number: _____

Associate Membership: This is open to non-certified reflexologists not meeting the Professional 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.

Annual dues are \$40. Prorated dues for new memberships (after January 1) are \$20 for Associate members.

I have an interest in contributing to AKRA in the following areas;

Networking/Public relations Legislation Events Continuing Education

Membership/Recruitment Hospitality Delegate Other _____

I verify that I have met all the requirements for the level of membership which I am applying for and I have submitted 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: _____

AKRA reserves the right to verify all credentials

Please enclose or provide payment online for Membership

Mail: AKRA Treasurer, 3705 Arctic Blvd. #1333 Anchorage, Alaska 99503

Email: info@alaskareflexology.org