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Course Registration & Student Membership Form

Please print legibly and complete both pages of this form.

Course ID Code: _____ Teacher: _____

Course Start Date: _____ Course End Date: _____

Section 1: Membership information Language of preference: English _____ French _____

First Name _____ Middle Name _____

Last Name _____

Street/PO Box _____ (Mailing address only please)

City _____ Province _____

Postal Code _____ Country _____

Home Phone _____

Work Phone _____ Cell Phone _____

E-mail Address _____

Section 2: Payment details (payment to "Reflexology Association of Canada" in Canadian funds please)

PLEASE NOTE: If applying for the Foot course, Membership and Joining fees must be paid with the Course fee when registering. If applying for the Hand or Ear course, Membership and Joining fees listed below do not apply but applicants must be both certified in foot reflexology and current, Professional Members of RAC (see Section 3).

Course fees

Foot Course: \$1130.00 _____ Hand Course: \$625.00 _____ Ear Course: \$625.00 _____

Membership fees

Canadian residents: \$75.00 plus applicable taxes

Outside Canada: \$75.00

Joining fees

Canadian residents: \$75.00 plus applicable taxes

Outside Canada: \$75.00

\$ _____ Course fee

If paying by credit card, please enter information below:

\$ _____ Membership fee

Cardholder name: _____

\$ _____ Joining fee

Card number: _____ Exp.Date _____

\$ _____ Tax

Signature: _____

\$ _____ **Total amount**

Payment method: Certified Cheque _____ Money order _____ MasterCard _____ Visa _____ Amex _____

Paid to college: _____

Section 3: Agreement

I understand that the personal information I have given on this form is for the sole purpose of maintaining and enhancing my membership of the Reflexology Association of Canada and its chapters and for use in the referral directory and that it may not be shared with any third party or used for any other purpose without my express permission in writing.

Foot Course applicants:

If accepted for membership in the Reflexology Association of Canada, I agree to promote and adhere to the principles and objectives of the Association as set forth in its By-Laws and Code of Conduct & Ethics. I have enclosed all membership and joining fees, which includes dues for one calendar year.

In signing, I agree to accept all provisions of the Student Refund policy and Extension Policy which I have read.

I understand that if I am not certified within the year, I must renew my student membership (see "Membership Renewal – Associate/Student Membership Form") and apply for Extension.

I understand that once I am certified as a Reflexologist, I am required to join the RCRT (Registered Canadian Reflexology Therapist) program and provide proof of liability insurance, within 2 weeks of certification, to RAC.

Ear or Hand Course applicants:

In order to register for the Hand or Ear course with RAC, I understand that I must be a current and Professional Member of RAC participating in the RCRT program (please see "Professional Membership Renewal Form" if you are not a current member).

All applicants: (with signature below I have agreed to accept the terms listed below)

I understand that, to maintain my certification with RAC, yearly membership is mandatory (see Professional Membership Renewal).

I agree to pay a late penalty fee of \$50 + tax if I do not renew within two months of my renewal due date.

I also agree that if I do not renew my membership within 6 months after my membership expiration date, my membership will lapse and a rejoining fee of \$75 + tax will be payable; in addition to the membership fees.

Signature: _____ **Date:** _____

The student refund and extension policies may be found on the RAC website at the following link:

<http://www.reflexolog.org/Students.html>

*It is **strongly recommended** that the student downloads these policies onto their computer for their files.*

OFFICE USE ONLY

Date received	
Mail log	
Database	
email	
Double check	
Date receipt sent	
Cheque #	
Student Membership #	
Comment	