

REFLEXOLOGY NEW ZEALAND INCORPORATED
FIRST YEAR NON ACCREDITED SCHOOLS AND
SECOND YEAR RNZ ACCREDITED SCHOOL STUDENT
MEMBERSHIP APPLICATION FORM



FORM B – SECOND YEAR STUDENT

*Please print clearly

Member Number
(Office use only)

Title	_____	Postal address	_____
First name	_____	PO Box number	_____
Middle name	_____	Number / Street	_____
Surname	_____	Suburb	_____
Occupation	_____	City	_____
Nationality	_____	Postal code	_____
Date of Birth	_____	E-mail address	_____
Home phone number	_____		
Work phone number (if different)	_____		

Membership is New/Existing

Reflexology School of Training:

RNZ accredited Schools:

Aromaflex Academy	<input type="checkbox"/>	Waikato School of Reflexology	<input type="checkbox"/>
Southern Therapies School of New Zealand	<input type="checkbox"/>	Manawatu School of Reflexology	<input type="checkbox"/>

Non RNZ accredited School:

(Name of school) _____
 Training Duration: _____

Regional Group Member: Yes/No Regional Group Name _____

*All the above information is for RNZ. Confidentiality will be observed.

Student Annual Membership Fee - \$65.00
Payment Total (cheque or Online*) \$ _____
Online Tansaction Date: _____

*Online payment to RNZ Bank Account ASB 123050 – 0305471 – 00
 Reference details to include your full name.

Please forward your completed application to:

RNZ Membership
 P.O. Box 129
 Kumeu, Auckland 0841

RNZ Membership Coordinator – Contact Details
 Phone: 0278111432
 Email: membership@reflexology.org.nz

Date _____ Signature _____