

**REFLEXOLOGY NEW ZEALAND INCORPORATED
AFFILIATE MEMBERSHIP APPLICATION FORM**



FORM C – AFFILIATE

Please note: Affiliate Membership is for **NON-PRACTISING** Members of RNZ

*Please print clearly

Member Number
Office use only

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

Membership is Existing New Affiliate

Reflexology School of Training: _____

Training Duration: _____

Regional Group Member Yes / No Regional Group
Name _____

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

Annual Subscription Affiliate Annual Membership Fee - \$80.00

Payment Total
(cheque or Online*)

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

Online Transaction Date

Please forward your completed application to:

RNZ Membership Coordinator
Reflexology New Zealand
PO Box 38860
Wellington Mail Centre
Lower Hut 5045

RNZ Membership Coordinator
Email: membership@reflexology.nz

AFFILIATE MEMBERS DECLARATION

I declare I will not actively practice Reflexology for monetary reward

Date _____

Signature _____