

**REFLEXOLOGY NEW ZEALAND INCORPORATED**

**FIRST YEAR STUDENT MEMBERSHIP APPLICATION FORM**



**FORM A – FIRST 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

**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.

**First year Student Membership is Free for the first year (for students of RNZ accredited schools).**

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

**Please forward your completed application to:**

RNZ Membership Coordinator  
Reflexology New Zealand  
P.O. Box 38860  
Wellington Mail Centre  
Lower Hutt 5045

RNZ Membership Coordinator  
Email: [membership@reflexology.nz](mailto:membership@reflexology.nz)

Date \_\_\_\_\_ Signature \_\_\_\_\_