

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

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

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