

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"/>
Canterbury 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).

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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

Date _____ Signature _____