

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 _____

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"/>
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.

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

Date _____ Signature _____ (Updated February 2020)