

REFLEXOLOGY NEW ZEALAND INCORPORATED



FIRST YEAR NON-ACCREDITED SCHOOLS AND  
SECOND YEAR RNZ ACCREDITED SCHOOL STUDENT  
MEMBERSHIP APPLICATION FORM

Please print clearly

Member Number  
(for Office use only)

Title	_____	Street Number	_____
First name	_____	Street Name	_____
Middle name	_____	Suburb	_____
Surname	_____	City	_____
Occupation	_____	Postcode	_____
Nationality	_____	PO Box No.	_____
Date of Birth	_____	E-mail address	_____
Home Phone No.	_____	Membership Status	<input type="checkbox"/> New <input type="checkbox"/> Existing
Work Phone No.	_____		

REFLEXOLOGY SCHOOL OF TRAINING

RNZ accredited schools

- Aromatic Medicine Institute (Nelson)
- Auckland School of Reflexology
- Canterbury School of Reflexology
- Manawatu School of Reflexology
- Southern Therapies School of New Zealand
- Waikato School of Reflexology

Non RNZ accredited school

Name of School: \_\_\_\_\_

Training Duration: \_\_\_\_\_

Are you a member of a Regional Group: Yes/No

If yes, which Regional Group do you belong to: \_\_\_\_\_

**Note:** All the above information is for Reflexology New Zealand. Confidentiality will be observed.

**By completing the above, I agree to this information being held by RNZ as set out in the Society's Rules.**

Online payments to be made to:

Reflexology New Zealand  
ASB Bank Account No. 12-3050-0305471-00  
Please enter your full name in the reference field.

Student Annual Membership Fee                      \$90.00  
Payment Total    \$ \_\_\_\_\_  
Online Transaction Date:                                      \_\_\_\_\_

Please email your completed application form to the Membership Coordinator.

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

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