

REFLEXOLOGY NEW ZEALAND INCORPORATED

FIRST YEAR 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 | New |
| 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.**
- First year student membership is **free** for the first year (for students of RNZ accredited schools).

Please email your completed application form to the Membership Coordinator.

Email: membership@reflexology.nz

Signature: _____ Date: _____