

**REFLEXOLOGY NEW ZEALAND INCORPORATED  
NEW ZEALAND RNZ ACCREDITED SCHOOLS  
PROFESSIONAL MEMBERSHIP APPLICATION FORM**



Please print clearly  
Please complete both pages

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.                    | Clinic Address    | _____ |
| Work Phone No.                    | (For RNZ website) | _____ |
| Membership Status                 | Clinic Phone No.  | _____ |
| <input type="checkbox"/> New      | (For RNZ website) | _____ |
| <input type="checkbox"/> Existing |                   |       |

**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

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.
- To have your clinic and contact information entered on the RNZ website, please forward your details to the RNZ Webmaster [webmaster@reflexology.nz](mailto:webmaster@reflexology.nz). The public can only view your clinic details.

**INSURANCE**

- It is a requirement of RNZ membership that you obtain Professional Indemnity Insurance.
- Public Liability and other insurance are optional.
- Our recommended insurers are, BizCover, they offer an insurance package which includes Professional Indemnity Insurance.

**Contact**

Email: [reflexologynz@bizcover.co.nz](mailto:reflexologynz@bizcover.co.nz)

Website: <https://www.bizcover.co.nz/bizcover-and-reflexology-nz/>

Please email your name, cover commencement date, best contact number, address, and confirmation of NO known claims. A BizCover consultant will then contact you to finalise your insurance.

**CHECK LIST**

**(Documents to be forwarded with application)**



Before submitting your application, please ensure that:

- You have fully completed the application form.
- You have all the documents listed below.

1. Confirmation I have paid the \$30 application fee ..
2. Current First Aid Certificate (copy) .. Expiry Date\_\_\_\_\_
3. New Zealand RNZ Accredited Training School
  - 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 ..
4. Reflexology Training Diploma/Certificate (copy) ..
5. Reflexology Training Outline (including hours) ..
6. Anatomy & Physiology Diploma/Certificate (copy) ..
7. Proof of Professional Indemnity Insurance ..
8. Proof of NZ Residence (if not an NZ Citizen) ..

Please email your completed application form and supporting information to the Membership Coordinator.  
Email: [membership@reflexology.nz](mailto:membership@reflexology.nz)

---

**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.

|                                  |          |
|----------------------------------|----------|
| Application Fee (non-refundable) | \$30.00  |
| Payment Total                    | \$ _____ |
| Online Transaction Date:         | _____    |

**Annual Subscription**

Upon acceptance of your application for Professional Membership, the Treasurer of RNZ will send you an invoice for your annual subscription of **\$200.00**. Once payment is received your Accreditation and Annual Practicing Certificates will be posted to you.

Please email your completed application form and supporting information to the Membership Coordinator.  
Email: [membership@reflexology.nz](mailto:membership@reflexology.nz)

**Professional members agreement**

I \_\_\_\_\_ agree to participate in the RNZ Continuing Professional Development (CPD) audit program. I also agree to keep my Professional Indemnity Insurance and First Aid Certificate current.

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

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