

REFLEXOLOGY NEW ZEALAND INCORPORATED
SUPPORTER MEMBERSHIP APPLICATION FORM



Supporter Membership is for **NON-PRACTICING** Members of RNZ

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.	_____		
Work Phone No.	_____		

Membership Status

 (be New Supporter or Existing Supporter (previous Affiliate membership))

Reflexology School of Training

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.

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. Particulars = invoice number.

Supporter Annual Membership Fee	\$100.00
Payment Total	\$ _____
Online Transaction Date:	\$ _____

Please email your completed application form to the Membership Coordinator.

Email: membership@reflexology.nz

Supporter Members Agreement

I _____ agree I will not actively practice Reflexology for monetary reward.

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

Signature: _____ Date: _____