

REFLEXOLOGY NEW ZEALAND INCORPORATED

ASSOCIATE MEMBERSHIP APPLICATION FORM



NOTE: This membership category is only open to practitioners who have held Professional Membership of Reflexology New Zealand or an equivalent overseas organization for at least 10 years.

Please print clearly

Member Number

Title	Street Number	_____
First name	Street Name	_____
Middle name	Suburb	_____
Surname	City	_____
Nationality	Postcode	_____
Date of Birth	PO Box No.	_____
Home Phone No.	E-mail address	_____
Work Phone No.		_____

List the years that you have held Professional Membership of RNZ:

Note

- To have a simple listing on the RNZ website of your clinic and contact information, please forward your details to the RNZ Webmaster webmaster@reflexology.nz. The public can only view your clinic details.

Contact

Insurance is optional as an Associate Member, but if you wish to benefit from discounted RNZ insurance you can contact

Email: reflexologynz@bizcover.co.nz

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

Please email your completed application form and supporting information to the Membership Coordinator. Email: 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.



Annual Subscription

Upon acceptance of your application for Professional Membership, the Treasurer of RNZ will send you an invoice for your annual subscription of **\$160.00**. 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

Associate 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: _____