

# Grand River Reflexology Associates

... a step in the right direction.

## MEMBERSHIP APPLICATION / RENEWAL FORM

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Home #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Bus #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Bus. Name: \_\_\_\_\_

E-mail: \_\_\_\_\_ Fax #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Business Web Address: \_\_\_\_\_ Allergies (snack purposes) \_\_\_\_\_

Reflexology School: \_\_\_\_\_ Certificate #: \_\_\_\_\_

GRRRA # \_\_\_\_\_ R.R.C.O. Membership # \_\_\_\_\_

I have included a current copy of: R.R.C.O. Membership (\_\_\_\_\_) Insurance (\_\_\_\_\_) \_\_\_\_\_

### PLEASE SIGN, DATE & CIRCLE CHOICE:

I, \_\_\_\_\_ authorize / do not authorize the **Grand River Reflexology Associates** Executive to release my name, address, phone and e-mail to GRRRA members for the purpose of contact or to share pertinent reflexology related information.

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

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

**MEMBERSHIP FEE: \$ 40**

**Note: Late Fee (after September 30 of the year) \$ 50**

Please make your cheque payable to: **GRAND RIVER REFLEXOLOGY ASSOCIATES**

Mail to: Dale Wombwell 86 La Salle St. Breslau ON N0B 1M0

**OFFICE USE:** Membership Fee Rec'd: \$ \_\_\_\_\_ on \_\_\_\_\_ Chq #: \_\_\_\_\_ Cash: \_\_\_\_\_

Proof of Certificate [\_\_\_\_\_] RRCO: [\_\_\_\_\_] Expiry Date: [\_\_\_\_\_] Insurance [\_\_\_\_\_] Expiry Date: [\_\_\_\_\_] \_\_\_\_\_