



- RAI
- P.O. Box 275
- Washington, IL 61571
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Reflexology Association of Illinois (RAI) Membership Form

RAI contact information only:

Print Clearly

Name: _____

Mailing

Address: _____

City: _____ State: _____ Zip: _____

Primary Phone Number: _____ [] Home [] Cell [] Work

Secondary Phone Number: _____ [] Home [] Cell [] Work

E-mail: _____

RAI Website Information Only: (Not For Associate and Party of Interest)

Please visit RAI Website once you have received your login and edit your information.

One city and personal website is included in your membership.

Type: [] Renewal (Information is on file) member since _____

[] New (Please fill out information on page 2)

[] Professional \$50.00

[] Associate \$25.00

[] Party of Interest \$25.00

Additional City listings \$5.00 each

[] \$5 x _____ = _____

Enclosed is my check made payable to Reflexology Association of Illinois For:

Total \$ _____

Check any areas listed below that you are interested in contributing to RAI:

[] Membership [] Research/Legislative [] Newsletter/Articles [] Events/Conference [] Website

[] Other: _____

Let us know what interests you. Workshops Topics/ Programs/Events:

Signature: _____ Date: _____

New or Changes (updates or add-ons): Professional, Associate, or Associate going to Professionals, fill out 1-5.

- 1) List Reflexology education/training (including name of school/mentor, dates and locations):

- 2) List your certification(s) and send a copy: _____

- 3) List conferences and workshops attended (including name, date, and location): _____

- 4) Total years in practice of Reflexology: _____

- 5) Do you combine Reflexology with other modalities? Please list: _____

New or changes (updates or add-ons) Party of Interest, fill out any or all 1-2:

- 1) List any and all modality that relates you to Reflexology and for how many years? _____

- 2) Any certification(s) that you would like to list? _____

Membership Criteria:

Professional Reflexologist (voting Member):

- An individual who has been certified by a school/institute recognized by a National Reflexology Certification Board.
- An individual who has trained a minimum of 200 hours in the art and science of Reflexology, from a recognized school of reflexology, and has completed the requirements from that school to be certified Reflexologist.
- An individual who has been mentored by a Reflexologist in the art and science of Reflexology for a minimum of 50 hours and who has an established reflexology practice for a minimum of 2 years prior to January 1, 2001 and is able to meet the following guidelines:
 - 1) Proof of clientele base practice
 - 2) List training (name of mentor, date, & proof)
 - 3) Letter of recommendation from an RAI member
- Resident and/or Practitioner of Illinois or neighboring state when said state is without an association of its own. It is understood that RAI member of neighboring state will join his/her own statewide organization once it is formed.

Associate Reflexologist (Non-Voting member)

- An individual who has received training from a reflexology school in the art and science of Reflexology.
- An individual who is presently studying the art and science of Reflexology.

Party of Interest (Non-Voting)

- Individuals or organizations from any state that supports our cause and want to stay connected with the RAI through newsletters and workshop invites at membership rates.

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Add something about help by adding my stuff to the website.

Advertisement option for iteams

I am have a computer and I can add my own information.