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Email: memberserv@reflexologycanada.ca Website: www.reflexologycanada.ca

## 2003 Membership Form

*Please print and be sure to complete ALL sections of this form.*

**Payment is due January 20<sup>st</sup>, 2003**

**1. Certified Membership Fee: \$242.70 (includes GST):**

Except for Ontario: **\$252.70** / Québec: **\$253.95** / Newfoundland: \$261.45 / (including PST)

**Fee Breakdown for Certified Membership Fee: \$107.00** (includes GST – no PST)

Plus a mandatory Professional Liability Insurance Fee: **\$125.00** (no GST)

Insurance Administrative Fee: **\$10.70** (includes GST) - Appropriate provincial taxes may apply.

Total Certified Membership Fee: **\$242.70** (includes GST)

**2. Student Membership Fee: \$80.25 (GST included)**

**3. Associate Membership Fee: \$107.00 (GST included)**

### **DRAW FOR NEW AND RENEWING CERTIFIED MEMBERS ONLY**

#### **Section 1 – Mailing Address**

**Membership #** \_\_\_\_\_

**Certificate #** \_\_\_\_\_

First Name and Initial: \_\_\_\_\_

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

Street: \_\_\_\_\_

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

Province: \_\_\_\_\_

Country: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Email: \_\_\_\_\_

Home Phone #: (\_\_\_\_\_) \_\_\_\_\_

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

Business Phone #: (\_\_\_\_\_) \_\_\_\_\_

Fax #: (\_\_\_\_\_) \_\_\_\_\_

What membership **type** are you?

**Certified Member** ☐ (A member trained by RAC; includes **Advanced** and **Chartered** Membership.)

**Associate Member** ☐ (A member who is NOT certified by RAC.)

**Student Member** ☐ (A member who has started the RAC training but is not yet certified.)

#### **Section 2 - Payment Details** (Payable in Canadian Funds Only Please) *GST Registration Number: 122960834*

Method of payment: Cheque ☐ (Payable to RAC) Money Order ☐ Visa ☐ Master Card ☐

Card Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

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

#### **Section 3 – Referral List Information**

I confirm I am RAC certified, and I wish to have my name given out as a referral. Yes ☐ No ☐

*Note: The following information is that which you want the public to have. The ability to be registered is only offered to RAC certified reflexologists in good standing with RAC.*

Nearest Intersection (i.e. King Street & John Street):

\_\_\_\_\_ & \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_

Please list my: ☐ Business Phone ☐ Home Phone I will do house calls: Yes ☐ No ☐

***Certified members including teachers: DON'T FORGET TO ENTER OUR DRAW!***

## Section 4 – Demographic and Survey Information

*Note: The following information will only be used by the office for gathering data for medical, dental and other group discount programs.*

**Age range:** Under 25 ☐ 26 – 30 ☐ 31 – 44 ☐ 45 – 54 ☐ 55 – 64 ☐ Over 65 ☐

**Are you?** Female ☐ Male ☐ Single ☐ Married ☐

**Do you have children that are under 25 years?** Yes ☐ (If so, how many?) \_\_\_\_\_ No ☐

**What is the last level of formal school you attained?**

High School ☐ Some Postsecondary ☐ College Diploma ☐ University Degree ☐ Postgraduate ☐

**How much do you practice Reflexology?** Less than 20 hrs/wk ☐ 21 – 30 hrs/wk ☐ More than 31 hrs/wk ☐

**How much do you charge per treatment?** Under \$30 ☐ Between \$30 and \$50 ☐ \$51 and more ☐

**Where do you practice?** (home based, mobile, own clinic, etc.) \_\_\_\_\_

**Other than reflexology, what other modalities do you practice?** \_\_\_\_\_

**What is your language of preference?** ☐ English ☐ French ☐ Other(s): \_\_\_\_\_  
(Please specify)

**Which 4 products/services do you wish you could purchase at a group discount?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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## Section 5 – Contact Information Release *(All Certified members, including teachers, please complete this section.)*

I, \_\_\_\_\_, as a Certified member of the Reflexology Association of Canada, hereby provide my permission for my contact information, including my email address, to be added to the RAC Member and/or Teacher online referral directory. I acknowledge that my contact information will only be displayed on the RAC referral system as long as I am a certified member in good standing. I agree to contact RAC if my email address changes in order to ensure this system is current.

Signature: \_\_\_\_\_ (Please print name) \_\_\_\_\_

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**If you have any comments or suggestions, please write them here.**

\_\_\_\_\_  
\_\_\_\_\_  
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### **BALLOT FORM** (ONLY for Certified members including teachers)

*First Prize: One Annual Conference Fee (Approximate value of \$325.00)*

*Second Prize: \$250.00 CASH*

*Third Prize: One Free Membership (Approximate value of \$242.70)*

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First Name and Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Please answer correctly the following skill-testing question (not aided by an electronic device).

1304 X 5 ÷ 4 + 44 – 18 = \_\_\_\_\_

**DRAW DATE: JANUARY 24<sup>th</sup>, 2003**

*(No purchase necessary. Open ONLY to Certified members including teachers. No cash substitution for first and third prizes. The winners will be notified by phone. Their names will be published in our next newsletter and our website.)*