

<i>For Office Use Only</i>	
Date received	Invoice No.
Database	Receipt Issued
Year	Membership Expiry Date

Associate Membership Renewal

Section 1: Membership Information

Language of preference: English French

Please print legibly and complete all pages of this form.

First Name _____

Member No. _____

Last Name _____

Name to be printed on renewal card if different from above
must be your legal name. Any name changes will require proof of identification

Street/PO Box _____ (Mailing address only please)

City _____

Province _____

Postal Code _____

Country _____

Home Phone _____

Work Phone _____

Cell Phone _____

Work Fax _____

E-mail Address _____

Please ensure your email address is correct as future correspondence from RAC will be sent to your email.

Section 2: Chapter Information

Your membership fee includes membership to a RAC Provincial Chapter. Upon renewing, RAC Head Office will forward your name and contact information to the Provincial Chapter where you reside, so you can receive updates of networking and continuing education opportunities etc.

The current list of provincial chapters is:

- | | | |
|---|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> Alberta | <input type="checkbox"/> Nova Scotia | <input type="checkbox"/> Saskatchewan |
| <input type="checkbox"/> British Columbia | <input type="checkbox"/> Ontario | |
| <input type="checkbox"/> Manitoba | <input type="checkbox"/> Quebec | |

If you reside in a province or territory that currently does not have a RAC provincial chapter, and you would like to belong to a chapter, please select the chapter you would like to receive correspondence from.

If you would like to opt out of correspondence from your provincial RAC Chapter, please check here .



Section 3: Additional Information

The Reflexology Association of Canada aims to work with other reflexology associations across Canada.

Do you belong to any other reflexology associations? Yes No

If yes, which one(s)? _____

Section 4: Payment Details (payment to “Reflexology Association of Canada” in Canadian funds please)

Associate Membership Fee (annual)

Canadian residents: \$100 plus GST/HST

(Please note that, if paying by credit card, the appropriate tax will be charged. If incorrect tax is put on cheque payment, the application will not be processed until correct tax is paid.)

Outside Canada: \$100

If paying by credit card, please enter information below.

\$ 100.00 Membership Fee

\$ _____ (GST/HST)

\$ _____ Donation

\$ _____ **Total amount**

If paying by credit card, please enter information below:

Cardholder name: _____

Card number: _____ Exp. Date _____

Signature _____

Payment method:

Online
 Cheque
 Money Order/Bank Draft
 MasterCard
 Visa
 Discover

Section 5: Agreement

Pursuant to the Personal Information Protection and Electronic Documents Act: I understand that the personal information I have given on this form is for the sole purpose of maintaining and enhancing my membership of the Reflexology Association of Canada and its chapters and that it may not be shared with any third party or used for any other purpose without my express permission in writing.

I agree to pay a late penalty fee of \$50 if I do not renew my membership within sixty (60) days of my renewal due date.

I also agree that if I do not renew my membership within six (6) months of my membership expiration date, my membership will lapse. At that time, to bring my membership to current status, I will have to pay a rejoining fee of \$75 (plus GST/HST), and the annual membership fee (plus GST/HST).

If at any time, I would like to resume practicing reflexology for reward either financially or in kind, I agree to upgrade my RAC membership to a RCRT Professional Member and pay the upgrade fee of \$75 (plus GST/HST) and the onetime RCRT fee of \$25 (plus GST/HST) to join the continuing education program.



If my membership lapses three (3) years or more, I understand that I will have to take the RAC Foot Theoretical and Practical Challenge Exams of the current curriculum* at a cost of \$75 each*. If I do not pass both exams with satisfactory grades (80% or higher), I will have to complete a Foot Refresher Course (Theoretical and/or Practical) at current cost. If I am not successful at the Foot Refresher Course (Theoretical and/or Practical), I will have to retake the RAC Foot Reflexology Course at the current cost. * *Manuals of current curriculum are available for purchase from RAC.*

Signature _____ Date _____

Section 6: Statement of Practice

I _____ state that I am not practicing reflexology for reward
(PRINT NAME CLEARLY)
 either financially or in kind. I understand that should I start to practice for reward I need to upgrade my membership to professional level and to show proof of liability insurance.

 Witness Name

 Member's Signature

 Witness Signature

 Member Number

 Address

 Address

 City, Province, Postal Code

 City, Province, Postal Code

 Date

 Date

