



## 2017 RAC BC Partnership Membership Application Form

This membership designation is for fully certified Non-RAC trained reflexology members. Proof of certification will be required upon submission of application.

### Section 1: Membership Information:

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

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

Street/PO Box: \_\_\_\_\_

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-BC Chapter will be sent to your email.**

### Section 2: Please indicate where you received your Reflexology Certification.

\_\_\_\_\_

### Section 3: Membership fees (Annual: January – December)

Canadian and Non-Canadian Residents: \$30.00 CDN

Payment method: \_\_\_\_\_ Cheque \_\_\_\_\_ Money Order

Please send completed form, payment to RAC-BC Chapter and proof of certification to:

Julia Allatog, RCRT  
Teacher and RAC-BC Treasurer  
# 302-1860 Southmere Crescent East  
South Surrey, B.C.  
V4A 6Y7