



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 #: _____

(Note: not needed if renewal only GRRA & RRCO information below)

GRRA # _____ R.R.C.O. Membership # _____

I have included a copy of proof of: R.R.C.O. Membership (_____) Expiry Date (_____)

PLEASE SIGN, DATE & CIRCLE CHOICE:

I, _____ authorize / do not authorize *(please circle)* the **Grand River Reflexology Associates** Executive to release my name, address, phone and e-mail to GRRA 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: Carolyn Sales (Treasurer)

TO BE COMPLETED IN FULL BY TREASURER:

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

Proof of: Certificate [_____] (First time only) At Renewal: RRCO Member: [_____] Expiry Date: [_____]