

Association of Reflexologists

Associate Membership Application Form

I am an ITEC qualified reflexologist (copy of certificate enclosed)

All members are required to undertake CPD (Continuing Professional Development) - for further information see www.aor.org.uk or call 01823 351010.

Personal Details

Title (e.g. Mr/ Mrs/Miss/Ms/Dr):		Membership No. (if applicable):	
First Name:		Home Tel:	
Surname:		Mobile Tel:	
Address (including postcode):		Work Tel:	
		E-mail address:	
		Website address:	
		Date of Birth	
		Name of Training School:	
		Qualification Date:	

How did you hear about the AoR?

Associate Membership Fees (Failure to enclose the correct fee will result in a delay in processing your application.)

UK (+EU countries) Associate Membership Fee	Non-EU countries Associate Membership Fee
£65.00	£75.00

Very important: All applicants must tick one box below to confirm insurance status. AoR/Alan Boswell Insurance is only valid with active membership of the AoR. Associate members with non-AoR insurance are required to provide ongoing written evidence of current insurance cover, in order for us to maintain up to date records. If you have any queries about this, please contact us. If you would like AoR/Alan Boswell insurance please contact: Alan Boswell Group, High Street, Attleborough, Norfolk, NR17 2EH. Tel: 01953 455600, Email: insurance@alanboswell.com, Website: www.alanboswell.com/aor

<p>I have my own current reflexology malpractice and public liability insurance which expires on the / / I understand that failure to produce my insurance on request may result in the suspension of my membership. If your insurance is due to expire shortly, or at a later date to your membership, please either send written confirmation or a copy of your insurance certificate as soon as it arrives.</p>	<input type="checkbox"/>
<p>I currently live outside the UK.</p>	<input type="checkbox"/>
<p>I have applied for AoR/ Alan Boswell Insurance and I have sent my renewal/application directly to Alan Boswell. I am aware that I will not be listed on the 'Find a Reflexologist' search until I am insured and the AoR are informed.(The AoR will check this information directly with Alan Boswell)</p>	<input type="checkbox"/>

WEBSITE/PRACTITIONER'S REGISTER LISTINGS

Please complete the following section if you wish your details to be listed on our website. **(NB: All website listings will have the first address line removed for security purposes. It is a requirement of these listings that all members must be insured at all times, and the AoR must have written confirmation of this.**

Please list my details on the AoR website. <input type="checkbox"/>
Preferred address (if different to home address):
Telephone No:

If you have specified an alternative address, but would also like your main correspondence address to be listed, please tick this box.

Do you provide mobile visits within your local area? Yes No

By opting to list your details in the "Find a Reflexologist" search, you permit the Association of Reflexologists to pass your name and contact details to persons and organisations who enquire about reflexologists. The Association of Reflexologists does not and cannot control who receives this information, and cannot be held liable for any matters arising from the provision of these details. Members are entitled to log in to the members area of the AoR website and update their details at any time (please allow up to 5 working days for any changes made to appear within the "Find a Reflexologist" search facility). If you do not have access to the internet, then you may call central administration who will be pleased to update the record on your behalf.

Checklist:

Please ensure that your application includes):

- ◆ A photocopy of your Reflexology Certificate - .
- ◆ Relevant payment

Payment can be made by:

- ◆ Credit card or debit card – please fill in details below
- ◆ Cheques payable to: Association of Reflexologists
- ◆ Postal orders
- ◆ Please do not send post-dated cheques
- ◆ Please do not send cash, as we are unable to guarantee receipt
- ◆ Please note that we only accept payment in pound sterling.

<p>I, the undersigned, hereby apply to join the ASSOCIATION OF REFLEXOLOGISTS.</p> <p>I understand that my application is subject to consideration by the Board of the AoR whose decision is final and I agree to be bound by the AoR's Code of Practice and Ethics.</p> <p>I grant permission for my Membership Records to be held on computer for the purposes of handling membership, publishing the Practitioner's Register, and mailing out Membership material.</p> <p>I have up to 30 days to cancel my membership after which time no refunds will be given. Membership will then remain in force for the full 12 months. (A £5 administration charge is payable for all cancellations.)</p> <p>The Association of Reflexologists reserves the right to request an individual assessment if considered necessary.</p> <p>Signature: Date:</p>
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CREDIT/DEBIT CARD PAYMENT

Card Holder Name.....

Card Number / / /

Expiry Date / Start Date / Issue Number (if applicable) Security Code (the last three digits on the signature strip)

I certify that the AoR is authorised to debit my credit/debit card for £.....

Signed..... Dated