

Association of Reflexologists Friend Membership Application Form

(PLEASE COMPLETE IN BLOCK CAPITALS USING BLACK OR BLUE INK)

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	

Are you a member of any other organisations? If yes, please give details

.....

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Friend Membership Fees

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

UK (+ EU countries) Friend Membership Fee	Non-EU countries Friend Membership Fee
£36.00	£34.00

Payment can be made by:

- Credit card or debit card - please fill in details overleaf.
- Please do not send cash as we are unable to guarantee receipt.
- Please do not send post dated cheques.
- Please note we only accept payment in pound sterling.
- Please make all cheques payable to: Association of Reflexologists.

Processing

- Will take approximately 2- 3 weeks.
- Please do not call chasing your application, unless urgent.

Please turn over

How did you hear about us?

- Internet
- Training school
- Other AoR member
- Word of mouth
- Newspaper/media article
- Other

CREDIT/DEBIT CARD PAYMENT		
Card Holder Name.....		
Card Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Expiry Date <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	Start Date <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	Issue Number <input type="text"/> (if applicable)
Security Code <input type="text"/> <input type="text"/> <input type="text"/> (the last three digits on the signature strip)		
I certify that the AoR is authorised to debit my credit/debit card for £.....		
Signed.....		Dated

<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 Council of the AoR whose decision is final and I agree to be bound by the Association of Reflexologists 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, and mailing out Membership material.</p> <p>The Association of Reflexologists reserves the right to request an individual assessment if considered necessary.</p> <p>Cancellation Policy: You have up to 30 days to cancel your membership, after which no refund will be given. (A £5 administration charge is payable for all cancellations)</p>	
Signature	Date

Please return this form to the Membership department, The Association of Reflexologists, 5/6 Fore Street, Taunton, Somerset, TA1 1HX. Telephone number: 01823 351010 Fax: 01823 336646 Email: info@aor.org.uk.