

Association of Reflexologists Membership Application Form

Please complete in block capitals using a black or blue pen

Section A		
I am applying for:		
UK Full Member <input type="checkbox"/>	Overseas EU Full Member <input type="checkbox"/>	Overseas Non EU Full Member <input type="checkbox"/>
UK Associate Member <input type="checkbox"/>	Overseas EU Associate Member <input type="checkbox"/>	Overseas Non EU Associate Member <input type="checkbox"/>
UK Student Member <input type="checkbox"/>	Overseas EU Student Member <input type="checkbox"/>	Overseas Non EU Student Member <input type="checkbox"/>
UK Friend Member <input type="checkbox"/>	Overseas EU Friend Member <input type="checkbox"/>	Overseas Non EU Friend Member <input type="checkbox"/>

Personal Details	
Title:	Membership Number (if applicable):
First Name:	Surname:
Address:	
Postcode:	
Home Telephone:	Mobile:
Email:	
Website:	Date of Birth:

School/Qualification Details
<i>If applying for Friend membership please proceed to section B</i>
Name of Training School:
Awarding body:
Qualification date (if applicable):
Qualification/Awarding Body accepted for Associate Membership: <ul style="list-style-type: none"> • ITEC
Qualification/Awarding Body accepted for Full Membership: <ul style="list-style-type: none"> • AoR/AQA • ABC • International Institute of Reflexologists (IRI)
We also accept Full/Practising members that are members of: <ul style="list-style-type: none"> • Scottish Institute of Reflexology (SIR) • South African Reflexology Society (SARS) • Irish Reflexologists' Institute Limited (IRI) • Reflexology Association of Australia (RAA) • Danish Reflexology Association (FDZ)

Find a Reflexologist search

Please complete the following section if you wish your details to be listed on our website and you are applying for either Full or Associate membership.

Please list my details on the AoR website I provide mobile visits Yes No

Preferred address (if different to home address)

Telephone Number:

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

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.

Section B

Membership Fees

	UK Membership	Overseas EU Membership	Overseas Non EU Membership
Full	£71.00	£50.00	£45.56
Associate	£65.00	£75.00	£75.00
Student	£36.00	£36.00	£34.00
Friend	£36.00	£36.00	£34.00

Checklist:

- A photocopy of your qualification certificate
- A photocopy of your First Aid certificate

Payment can be made by:

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

I, the undersigned, hereby apply to join the Association of Reflexologists.

I agree to be bound by the AoR's Code of Practice and Ethics and always hold Public Liability and Malpractice insurance whilst in membership and practising.

I grant permission for my Membership Records to be held on computer for the purposes of handling membership and mailing out Membership material.

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.)

Have you ever been convicted of, or is prosecution pending for, a criminal offence (excluding spent convictions)?

No Yes, please give details.....

Have you ever been or are you currently on the Sex Offenders Register?

No Yes, please give details.....

Signed:

Dated:

Credit / Debit Card Payment

If you would like to pay for your membership by credit or debit card, please complete the form below

Please debit my

(Please circle as required)



Card Number _____

The long number across the front of your card

Expiry Date _____

Issue Number _____

Issue Date _____

Security Code _____

I hereby certify that the Association of Reflexologists are authorised to debit my debit/credit card for the total of

Signed:

Date: