

Association of Reflexologists

Student Membership Application Form

(15 months)

(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	

Association of Reflexologists/ International Institute of Reflexologists School Details:

Student membership is **only available for students on an AoR or IIR accredited course**. If you are unsure whether or not you are on an accredited course, please call ask your tutor.

NAME OF TUTOR:

NAME OF TRAINING SCHOOL:

START DATE OF COURSE:

EXAMINATION DATE:

END DATE OF COURSE:.....

You will be upgraded to Full membership **free-of-charge** when we receive official notification from your Accredited Centre that you have completed the full qualification. This Full membership will remain in place until your student membership was due to expire. You will receive a renewal notice approximately one month before renewal is required.

Students must remain in current student membership for the duration of the course. Whilst in current student membership, CPD points may be accrued.

Student Membership Fees

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

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

Payment can be made by:

- Credit card or debit card, please fill in details below
- 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

- Can take up to 2- 3 weeks.
- Please do not call chasing your application, unless urgent.

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

I, the undersigned, hereby apply to join the ASSOCIATION OF REFLEXOLOGISTS.

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.

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

The Association of Reflexologists reserves the right to request an individual assessment if considered necessary.

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)

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.

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