



Tennessee Reflexology Association Membership Application

Name:	Phone Number: ()
Mailing Address:	
E-mail Address:	Fax Number: ()

Please put an "X" in the box for any of the following that are applicable and fill in any blanks:

<input type="checkbox"/>	I am a student working towards completion of at least 200 hours of Reflexology-only training to become a Certified Reflexologist.
<input type="checkbox"/>	I have completed 200 hours or more of Reflexology-only training and a Certified Reflexologist.
<input type="checkbox"/>	I am a Registered Certified Reflexologist (RCR) with the State of Tennessee.
<input type="checkbox"/>	I have National ARCB certification.
<input type="checkbox"/>	I have certification through the International Institute of Reflexology.
<input type="checkbox"/>	I have ____ year's experience in the Reflexology profession.
<input type="checkbox"/>	I am a Licensed Massage Therapist or other health-related professional interested in Reflexology.

Please Describe Any Other Applicable Experience/Education:

Signature: _____ **Date:** _____

NOTE: Membership Dues are \$15 per year if e-mail address is provided or \$20 per year if not provided and should be made payable by check to the "Tennessee Reflexology Association".

Please submit application form and check to the following address:

Larry Hill, Treasurer
 3550 Buffat Mill Road
 Knoxville, TN 37914
 Telephone 865-522-1447
lar.hill@gmail.com