



- RAI
- P.O. Box 275
- Washington, IL 61571
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## Reflexology Association of Illinois (RAI) Membership Form

RAI contact information only:

Print Clearly

Name: \_\_\_\_\_

Mailing

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_ [ ] Home [ ] Cell [ ] Work

Secondary Phone Number: \_\_\_\_\_ [ ] Home [ ] Cell [ ] Work

E-mail: \_\_\_\_\_

RAI Website Information Only: (Not For Party of Interest)

Business

Name: \_\_\_\_\_

Business

Address: \_\_\_\_\_

Website: \_\_\_\_\_

Phone

Number: \_\_\_\_\_

City(s) you want listed under (Where you work out of): \_\_\_\_\_

Enclosed is my check made payable to Reflexology Association of Illinois For:

\$ \_\_\_\_\_

Type: [ ] Renewal (Information is on file)

[ ] New (Please fill out information on page 2)

[ ] Professional \$50.00

[ ] Associate \$25.00

[ ] Party of Interest \$25.00

Check any areas listed below that you are interested in contributing to RAI:

[ ] Membership

[ ] Research

[ ] Newsletter/Articles

[ ] Legislative

[ ] Events

[ ] Conference

[ ] Other: \_\_\_\_\_

[ ] Please send me information for a Vendor table at Conference

Let us know what interests you. Workshops Topics/ Programs/Events:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*New or Changes (updates or add-ons): Professional, Associate, or Associate going to Professionals, fill out 1-5.*

1) List Reflexology education/training (including name of school/mentor, dates and locations):

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2) List your certification(s) and send a copy: \_\_\_\_\_

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3) List conferences and workshops attended (including name, date, and location): \_\_\_\_\_

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4) Total years in practice of Reflexology: \_\_\_\_\_

5) Do you combine Reflexology with other modalities? Please list: \_\_\_\_\_

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*New or changes (updates or add-ons) Party of Interest, fill out any or all 1-2:*

1) List any and all modality that relates you to Reflexology and for how many years? \_\_\_\_\_

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2) Any certification(s) that you would like to list? \_\_\_\_\_

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*Membership Criteria:*

*Professional Reflexologist (voting Member):*

- An individual who has been certified by a school/institute recognized by a National Reflexology Certification Board.
- An individual who has trained a minimum of 200 hours in the art and science of Reflexology, from a recognized school of reflexology, and has completed the requirements from that school to be certified Reflexologist.
- An individual who has been mentored by a Reflexologist in the art and science of Reflexology for a minimum of 50 hours and who has an established reflexology practice for a minimum of 2 years prior to January 1, 2001 and is able to meet the following guidelines:
  - 1) Proof of clientele base practice
  - 2) List training (name of mentor, date, & proof)
  - 3) Letter of recommendation from an RAI member
- Resident and/or Practitioner of Illinois or neighboring state when said state is without an association of its own. It is understood that RAI member of neighboring state will join his/her own statewide organization once it is formed.

*Associate Reflexologist (Non-Voting member)*

- An individual who has received training from a reflexology school in the art and science of Reflexology.
- An individual who is presently studying the art and science of Reflexology.

*Party of Interest (Non-Voting)*

- Individuals or organizations from any state that supports our cause and want to stay connected with the RAI through newsletters and workshop invites at membership rates.