



• P.O. Box 4225  
• Naperville, IL 60567  
• Fred Hardwick, President  
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President: Fred Hardwick  
(309) 243-5171 ext. 3  
Membership: Sarah Hovel

## REFLEXOLOGY ASSOCIATION OF ILLINOIS MEMBERSHIP FORM

Complete form and mail along with your check to the R.A.I. address listed above.

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

Name of Business: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

1) Please list Reflexology education/training (include name of school/mentor, dates, & locations):

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

2) Please list your certification(s) and send a copy:

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

3) Please list conferences & workshops attended (include name, dates & location):

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

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

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

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

6) I have an interest in contributing and/or providing information to R.A.I. in the following areas:

a) Lecturer \_\_\_\_\_ c) Research \_\_\_\_\_ e) Newsletter/ Articles \_\_\_\_\_  
b) Legislature \_\_\_\_\_ d) Marketing/Publishing \_\_\_\_\_ f) Other \_\_\_\_\_

7) Please check the appropriate one: ( ) Professional \$50 ( ) Associate \$25 ( ) Other \$25

Please make check payable to: Reflexology Association of Illinois

*"They don't care how much you know  
until they know how much you care" RAA*

\_\_\_\_\_  
SIGNATURE