



304-414 Graham Avenue
 Winnipeg MB R3C 0L8
 Toll free: 1-877-722-3338
 Phone: 204-477-4909
 Fax: 204-477-4955
 Website: www.reflexologycanada.ca
 Email: memberservices@reflexolog.org



Student Course Registration & Membership Form

Please print legibly and complete both pages of this form

Course ID Code: 1113F-10-TB

Section 1: Membership information

Language of preference: English _____ French _____

First Name _____ Middle Name _____
 Last Name _____
 Street/PO Box _____ (Mailing address only please)
 City _____ Province _____
 Postal Code _____ Country _____
 Home Phone _____
 Work Phone _____ Cell Phone _____
 E-mail Address _____

Section 2: Payment details (payment to "Reflexology Association of Canada" in Canadian funds please)

PLEASE NOTE: Membership and Joining fees must be paid with the Course fee when registering

Course fees

Foot Course: \$955.00 _____ **Hand Course:** \$550.00 _____ **Ear Course:** \$550.00 _____

Membership fees

Canadian residents: \$78.75 (except NS, NB, NFLD, Lab & ONT) – includes GST
 \$84.75 (only NS, NB, NFLD, Lab & ONT) – includes HST
Outside Canada: \$75.00

Joining fees

Canadian residents: \$78.75 (except NS, NB, NFLD, Lab & ONT) – includes GST
 \$84.75 (only NS, NB, NFLD, Lab & ONT) – includes HST
Outside Canada: \$75.00

\$ _____ Course fee	If paying by credit card, please enter information below:
\$ _____ Membership fee	Cardholder name: _____
\$ _____ Joining fee	Card number: _____ Exp. Date _____
\$ _____ Total amount	Signature: _____

Payment method: _____ Certified Cheque _____ Money order _____ MasterCard _____ Visa _____ Amex

Paid to college: _____

Section 3: Agreement

I understand that the personal information I have given on this form is for the sole purpose of maintaining and enhancing my membership of the Reflexology Association of Canada and its chapters and for use in the referral directory and that it may not be shared with any third party or used for any other purpose without my express permission in writing.

If accepted for membership in the Reflexology Association of Canada, I agree to promote and adhere to the principles and objectives of the Association as set forth in its By-Laws and Code of Conduct & Ethics. I have enclosed all membership and joining fees, which includes dues for one calendar year.

In signing, I agree to accept all provisions of the Student Refund policy and Extension Policy which I have read.

I understand that once I am certified as a Reflexologist, I am required to join the RCRT (Registered Canadian Reflexology Therapist) program and provide proof of liability insurance, within 2 weeks of certification, to RAC.

If I register for the Hand/Ear course with RAC, I must be a current and Professional Member of RAC.

I agree to pay a late penalty fee of \$50 + tax if I do not renew within two months of my renewal due date.

I also agree that if I do not renew my membership within 6 months after my membership expiration date, my membership will lapse and a rejoining fee of \$75 + tax will be payable in addition to the membership fees.

Signature: _____ Date: _____

The student refund policies and extension policies may be found on the RAC website at the following link

<http://www.reflexologycanada.ca/training.php>

It is strongly recommended that the student downloads these policies onto their computer for their files.

<i>Office Use Only</i>	
Date Received _____	Cheque # _____
Database _____	Student Membership # _____
Email _____	Comments _____
Double Check _____	_____
Date Receipt Sent _____	_____