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## Student Course Registration & Membership Form

Please print legibly and complete both pages of this form

Course ID Code: 0925F-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	<b>If paying by credit card, please enter information below:</b>
\$ _____ Membership fee	Cardholder name: _____
\$ _____ Joining fee	Card number: _____ Exp. Date _____
\$ _____ <b>Total amount</b>	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.

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