



GRO "Keeping Georgia Reflexologists In Touch"

Application for Membership

PLEASE PRINT IN BLOCK LETTERS.

Date: _____

Name: _____

Mailing Street Address: _____ Apt. _____

City _____ State _____ ZIP _____

Home: _____ Work: _____ Cell: _____

Fax _____ Email Address: _____

Business Name: _____

Mailing Street Address: _____ Suite _____

City _____ State _____ ZIP _____

Professional Membership: Document specific reflexology training which has been certified by a school or certified/accredited teacher of reflexology. Professional membership requires **200 hours** of reflexology training. Hours of training from another therapy will not be considered. If additional space is needed please continue on reverse. *New members must send copy of training certificates.*

School Name: _____ Teacher(s) Name: _____

Complete Address: _____

Phone No: _____ No. of hours completed: _____ Date completed: _____ Certificate No: _____

Are you nationally certified by a non-profit reflexology board? Yes No Name of Board: _____ Certificate No: _____

Complete Address: _____ Phone No: _____

Associate Membership: This is open to non-certified reflexologists not meeting the Professional member level standards; for example, a student training in reflexology, a client or other interested persons, an agency, a school, a business, a manufacturer, or any other entity concerned about, and desiring to support the growth and development of the field of reflexology.

I have an interest in contributing to GRO in the following areas:

Networking/Public Relations Legislation Events Newsletter Continuing Education

Membership Recruitment Hospitality Other - List _____

Associate Membership (1 yr.) July 1 - June 30	Fee \$35.00:	New _____	Renewal _____
Associate Membership (2 yr.)	Fee \$65.00:	New _____	Renewal _____
Professional Membership (1 yr.) July 1 - June 30	Fee \$50.00:	New _____	Renewal _____
Professional Membership (2 yr.)	Fee \$90.00:	New _____	Renewal _____

Referred by: _____ Phone Tree: _____

Mail Checks Payable to: Georgia Reflexology Organization
P.O. Box 76136
Atlanta, A 30358

For Information Call: 770-240-0409 or eMail: info@GeorgiaReflexology.org