

Washington Reflexology Association Membership Application and Renewal Form

Membership runs from June 1 through May 31



Date _____
Name _____
Home Address _____
City _____ State _____ Zip _____
Bus. Name _____
Bus. Address _____
Bus. City _____ State _____ Zip _____
Phone Home _____ Work _____
Cell _____
Email _____
Website _____
Please list professional credentials (e.g. CR, NBCR, LMP, RN) _____

Membership Options

Professional - \$60
Certification from a recognized program (200 hours minimum) and/or from ARCB.
Includes full voting rights, representation, newsletter, certificate, membership card, and optional participation on our website referral listing & directory.

Associate/Student - \$40
Attendance of at least one recognized seminar or workshop.
Includes membership card, newsletter and optional participation in our directory.

Friend of WRA - \$20
Interest in supporting reflexology without formal training.
Includes newsletter.

- Membership Renewal** (*Due by June 1st*). Please update info on this form, as needed.
- Professional Membership** (*Must attach copy of certificate*).
- Yes, as a Professional Member I would like to participate in the Online Referral Network.**
In addition to my name, please include the following: Business Name Full Business Address
 City/State Only Home Phone Work Phone Cell Phone Email Address Website
- Associate/Student Membership**
School of attendance _____
- Friend of WRA**

- Yes, I would like to participate in the Member Directory** (*published yearly for members only*).
In addition to my name, please include the following: Business Name Full Business Address
 Full Home Address City/State Only Home Phone Work Phone Cell Phone
 Email Address Website Indicate that I would like to Exchange with other members
- No thanks, I do not wish to be included in the WRA Member Directory.**
- Yes, I would like to contribute to WRA.** *Please see other side for Volunteer Opportunities.*

Please enclose this form with your check or money order payable to: WRA
PO Box 82857
Kenmore, WA 98028

Washington Reflexology Association Volunteer Opportunities



The WRA is dedicated to serving its members and providing education about reflexology to the general public. Please assist us in making our organization the best it can be by sharing some of your time and talents with us.

<p>* Events and Education Committee <i>(Co-Chaired by Mary VonRanker and Cecelia McCorkle)</i> Areas of need include: Demo volunteers; Speakers, Hosts; Organization; Promotion; General help.</p> <p><input type="checkbox"/> I would like to serve on this committee</p> <p><input type="checkbox"/> I would like to help out on a individual task basis:</p> <p style="margin-left: 20px;"><input type="checkbox"/> As needed</p> <p style="margin-left: 20px;"><input type="checkbox"/> Specifically with _____</p> <p>* Member Connections Committee <i>(Co-Chaired by Tina Bystrom and Cecelia McCorkle)</i> Areas of need include: Connecting with members by phone and email; General help.</p> <p><input type="checkbox"/> I would like to serve on this committee</p> <p><input type="checkbox"/> I would like to help out on a individual task basis:</p> <p style="margin-left: 20px;"><input type="checkbox"/> As needed</p> <p style="margin-left: 20px;"><input type="checkbox"/> Specifically with _____</p> <p>* Mentor Program Committee <i>(Chaired by [open])</i> Areas of need include: Mentors and Mentees; Promotion; General help.</p> <p><input type="checkbox"/> I would like to serve on this committee</p> <p><input type="checkbox"/> I would like to help out on a individual task basis:</p> <p style="margin-left: 20px;"><input type="checkbox"/> As needed</p> <p style="margin-left: 20px;"><input type="checkbox"/> Specifically with _____</p> <p>* Kathy Schmitt Memorial Fund Committee <i>(Chaired by [open])</i> Areas of need include: Selection Committee for Fund applicants.</p> <p><input type="checkbox"/> I would like to serve on this committee</p>	<p>* Newsletter Committee <i>(Chaired by Tina Bystrom, Editor)</i> Areas of need include: Submissions of regular or periodic reports, original articles, summaries of professional articles, relevant cartoons and sayings; Original photography from WRA and other reflexology events; Formatting for Ad copy; Advertising Chairperson; General Help.</p> <p><input type="checkbox"/> I would like to serve on this committee</p> <p><input type="checkbox"/> I would like to help out on a individual task basis:</p> <p style="margin-left: 20px;"><input type="checkbox"/> As needed</p> <p style="margin-left: 20px;"><input type="checkbox"/> Specifically with _____</p> <p>* Promotions Committee <i>(Chaired by Diana Khoury)</i> Areas of need include: Your expertise in promoting our organization; General help.</p> <p><input type="checkbox"/> I would like to serve on this committee</p> <p><input type="checkbox"/> I would like to help out on a individual task basis:</p> <p style="margin-left: 20px;"><input type="checkbox"/> As needed</p> <p style="margin-left: 20px;"><input type="checkbox"/> Specifically with _____</p> <p>* Legal Committee <i>(Chaired by [open])</i> Areas of need include: Your expertise with nonprofit organizations; General help.</p> <p><input type="checkbox"/> I would like to serve on this committee</p> <p><input type="checkbox"/> I would like to help out on a individual task basis:</p> <p style="margin-left: 20px;"><input type="checkbox"/> As needed</p> <p style="margin-left: 20px;"><input type="checkbox"/> Specifically with _____</p>
--	---

Please use this space to list other areas of talent or expertise, suggestions, questions, and/or additional information: