



# Oregon Reflexology Network (ORN) Membership Application



Serving Oregon  
& Southwest Washington

Reflexology Association  
of America

**Contact information: All Personal and Business Contact Information is required.**

[After becoming a member, you may request a listing on ORN's website "Find a Reflexologist" Directory.]

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Best email to reach you: \_\_\_\_\_

Home Address: \_\_\_\_\_

Business Name: \_\_\_\_\_ Office Phone \_\_\_\_\_

Office Address: \_\_\_\_\_

Website: \_\_\_\_\_ Email: \_\_\_\_\_

Graduate of what reflexology school, city, and state \_\_\_\_\_

Year began practicing reflexology \_\_\_\_\_ Hours of reflexology training \_\_\_\_\_

Other credentials, trainings and specialties \_\_\_\_\_

LMT/LMP # and state \_\_\_\_\_

Professional Organizations \_\_\_\_\_

**Associate Membership:** Open to all individuals, including non-certified reflexologists not meeting the Professional Membership standards set by RAA (see above) and any individual and organization desiring to support the growth of the Oregon Reflexology Network and the field of reflexology. Associate members may participate on committees and are eligible for listing on the website directory. **Associate Membership dues: July 1 – June 30: \$30.**  
 check enclosed     paid with PayPal

**Professional Membership:** Requires proof of 300 hours of reflexology training—a requirement set by the Reflexology Association of American (RAA). **Proof of training must be included with professional membership application.** Professional members may vote, hold office, and are eligible for listing on the website directory. ORN reserves the right to verify all credentials. **Professional Membership dues: July 1 – June 30: \$40.**  
 Check enclosed     paid with PayPal

**ORN involvement:** I am interested in contributing to ORN by working in the following areas.  
 Public Awareness     Legislative     Membership     e-Newsletter     ORN-Sponsored Events     Website  
 Graphic Design     Marketing     Other \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Make check payable to Oregon Reflexology Network.**

Fill in membership form and include proof of training or certification, if applying for Professional Membership.

Oregon Reflexology Network  
c/o John Forsberg  
PO Box 765,  
Stevenson WA 98648

For ORN use only

Received by: \_\_\_\_\_

Date: \_\_\_\_\_

Check # or PayPal: \_\_\_\_\_

Amount: \_\_\_\_\_