



Oregon Reflexology Network-ORN Membership Application

January 1-June 30, 2013



Serving Oregon and Southwest Washington

Reflexology Association of America

Business information to appear under "Find a Reflexologist" on the ORN website, OregonReflexologyNetwork.org

Name: _____ Office Phone: _____

Office Address: _____

Business Name: _____

Website: _____ Email: _____

I do not wish to be included in the online directory

Graduate of what reflexology school, city, and state _____

Year started practicing reflexology _____

Hours of reflexology training _____

Other credentials, trainings and specialties _____

LMT/LMP # and state _____

Professional Organizations _____

Professional Membership: Requires proof of either 200 hours reflexology training or national board certification, such as ARCB—a requirement set by the Reflexology Association of American (RAA). **Proof of training and/or certification must be included with membership check.** Professional members may vote, hold office, and are eligible for listing on the website directory. ORN reserves the right to verify all credentials. **Prorated dues January 1-June 30, 2013: \$20**

Associate Membership: Open to all, 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. **Prorated dues January 1-June 30, 2013: \$15**

ORN involvement: I am interested in contributing to ORN in the following ways:

- 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 # and Amount: _____

Please note: insufficient funds will be subject to a \$12 fee. Thank you.