TEXAS REFLEXOLOGY ASSOCIATION MEMBERSHIP JANUARY 1 – DECEMBER 31, 2022

NAME:		EMAI	L:	
PRACTICE ADDRESS:				
HOME ADDRESS:				
OFFICE/CELL PHONE:		WEBS	WEBSITE:	
NOTE: Your office address will be u appear. If you do not wish your name t		1 v	Complete information as you would like it t	
Professional Membership	TRA 🗆 New 🗆 R	enewal <u>Pro</u>	orated Last 6 mo NEW Member Only	
TRA Professional Membership	□\$45 per year Janu	ary 1 – December 31		
reflexology testing board. Professional member reflexology training which has been certified b will not be considered. Proof of 200-hour train TRA reserves the right to verify all credentials.	ers may vote, hold office, and y a school or certified /accredining or national board certifi	be eligible for a listing ted teacher of reflexolo cation must be attache	nd certification by a school or a national non-prof g on the on-line directory. Documentation of specif gy is required. Hours of training from another therap d to process NEW applications .	
Address:				
Address:			Date of Completion: Certification #	
client or other interested person, an agency, a support the growth and development of the field	☐ \$25 per s chools ☐ \$15 per chools ☐ \$15 per chool, a business, a manufa	year the Professional membe cturer, state association,	Prorated Last 6 mo NEW Member Only □ \$15 for July 1- December 31, 2022 er level standards, a student training in reflexology, , or any other entity concerned about, and desiring to fices are eligible for a listing on the on-line director	
TRA reserves the right to verify all credentials.				
verify that I have met the requirements for th understand that if any of the above informati	e level of membership which	I am applying and I h		
Signature:		Date:		
Make checks payable and mail to:	07394503580	TRA USE ONLY		
Texas Reflexology Association		Received by: Check #	Volunteer follow-up:	
c/o Carol Willess		Check #	volunteer follow-up:	
704 Andover Drive Round Rock, TX 78664		Amount: \$	Directory listing:	
Scan the QR Code to pay online then send forms with attachment to cwilless@gmail.com				
For Credit Card enter information below	:			

Name on Card			
Credit Card #	Expiration	CV	