

**TEXAS REFLEXOLOGY ASSOCIATION MEMBERSHIP JULY 1, 2022 – JUNE 30, 2023**

<b>NAME</b>	<b>EMAIL</b>
<b>PRACTICE ADDRESS</b>	
<b>MAILING ADDRESS</b>	
<b>PHONE</b>	<b>WEBSITE</b>
<b>NOTE:</b> Your mailing address is for TRA use only, the practice address will be used for the TRA directory. List information as you would like it to appear.	

**MEMBERSHIP**       **NEW**     **RENEWAL**     **UPGRADE**

**\$25 Professional Membership** - This level requires completion of a 300-hour reflexology training of which 60% or 180 hours must have been in a live classroom setting with an instructor. Professional members may vote, hold office, and be listed in online directory.

**\$15 Associate Membership** - This level includes a listing in the online directory, choose one.  
 Practitioner Level - 200 hours of Reflexology training of which 60% or 120 hours must be in a live classroom setting.  
 School or Institution - Must also be a professional member; or  
 Supporter (does not include a certificate or ID card)

**Student Membership** (no fee)  
 This level is for a student currently enrolled in a program which provides a minimum of 200 hours of Reflexology training of which 60% or 120 hours in live classroom setting.

**Education Information**

Document of training(s) by a school or accredited teacher must be submitted to with new and upgrade membership applications. It is not required for renewal unless the membership expired. Students indicate your anticipated date of completion.

School Name:	Teachers Name:
Address:	Email:
Website:	Phone:
Hours Completed:	Date of Completion:
ARCB Certificate?                      Yes    No	Certification #:

**Volunteer to serve on a TRA Committee by checking your interests below:**

Newsletter    Conference    Membership    Legislation    Education    Website    Research    PR    Other

**I verify that I have met the requirements for the level of membership for which I am applying, and I have included all required documentation. I understand that if any of the above information is found to be incorrect or invalid, my membership will be denied.**

**Signature:** \_\_\_\_\_

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

<p><b>Make checks payable and mail to:</b>                  Texas Reflexology Association                  c/o Brenda Walters 7906 Allegro Dr, Houston, TX 77040                  Electronic Option: Email forms with attachments to <a href="mailto:txreflexmembership@gmail.com">txreflexmembership@gmail.com</a> and submit payment online at:  <a href="https://square.link/u/gfdii1Th">https://square.link/u/gfdii1Th</a> Professional Membership  <a href="https://square.link/u/5OOnPrZV">https://square.link/u/5OOnPrZV</a> Associate Membership</p> <p><b>For Credit Card enter information below:</b></p> <p>Name on Card</p> <p>Credit Card #                      Expiration                      CV</p>	<b>TRA USE ONLY</b>	
	Received by:	
	Check #	Volunteer follow-up:
	Amount: \$	Directory listing: