

TEXAS REFLEXOLOGY ASSOCIATION MEMBERSHIP JULY 1, 2024 – JUNE 30, 2025

NAME	EMAIL
PRACTICE ADDRESS	
MAILING ADDRESS	
PHONE	WEBSITE
NOTE: 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**

\$45 Advanced 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.

\$45 Reflexology Practitioner Membership - This level requires completion of a **200-hour reflexology training**, or is certified with the American Reflexology Certification Board, or has graduated from a program facilitated by a National Council for Reflexology Educators accredited educator. 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.
 School or Institution - Must also be a professional member; or
 Supporter (does not include a certificate or ID card)

\$15 Student Membership - This level is for a student currently enrolled in a **200-hour reflexology training**, or anticipates certification with the American Reflexology Certification Board, or is enrolled in a program facilitated by a National Council for Reflexology Educators accredited educator.

Education Information

Documentation of education through an institute, accredited teacher, or apprenticeship must be included with new membership applications and for those upgrading from student or practitioner level. Renewing members can check that we still have your education documents on file. Students, please indicate your anticipated date of graduation.

Institute Name:	Educator's Name:
Address:	Contact Info:
Website:	NCRE Educator? Yes No
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>Make checks payable and mail to: Texas Reflexology Association c/o Brenda Walters 7906 Allegro Dr, Houston, TX 77040 Electronic Option: Email forms with attachments to txreflexmembership@gmail.com and submit payment online at: https://square.link/u/qltj8ht2 (\$45 for Professional or Advanced) https://square.link/u/50OnPrZV (\$15 Associate or Student)</p>	TRA USE ONLY		
	Received by:		
	Check #	Volunteer follow-up:	
	Amount: \$	Directory listing:	
For Credit Card enter information below:			
Name on Card			
Credit Card #	Expiration	CV	