

**REFLEXOLOGY NEW ZEALAND INCORPORATED**  
**INTERNATIONALLY TRAINED or NON RNZ ACCREDITED SCHOOLS**  
**MEMBERSHIP APPLICATION FORM**



**FORM B – PROFESSIONAL**

\*Please print clearly

Member Number   
Office use only

\*Complete both pages

Title	_____	Postal address	_____
First name	_____	PO Box number	_____
Middle name	_____	Number / Street	_____
Surname	_____	Suburb	_____
Date of Birth	_____	City	_____
Home phone number	_____	Postal code	_____
Work phone number (if different)	_____	E-mail address	_____
Mobile	_____		_____
Occupation	_____		_____
Nationality	_____		_____

Membership is      Existing    New

Reflexology School of Training \_\_\_\_\_

Training Duration \_\_\_\_\_

Regional Group Member    Yes / No      Regional Group

**Please note if you have trained outside New Zealand you may be required to complete our Cultural and Ethical and Legal (CLAD) courses. [www.clad.co.nz](http://www.clad.co.nz) under online CPD learning**

\*All the above information is for RNZ. Confidentiality will be observed.

\*Please be aware you are responsible for entering your clinic and contact information on the RNZ website.

**INSURANCE**

Reflexology New Zealand has negotiated an insurance package for members with BizCover – email [reflexology@bizcover.co.nz](mailto:reflexology@bizcover.co.nz) for more details.



## Check List

### PROFESSIONAL MEMBERSHIP APPLICATION DOCUMENTS TO BE FORWARDED

1. Application fee \$30 (non-refundable)
2. Current First Aid Certificate (copy)  Expiry Date
3. Reflexology Training Qualification Certificate / Diploma
4. Reflexology Training Outline (including hours)\*

\* Please understand that we must be able to verify that your course has covered all criteria required by RNZ for Professional Membership – see attached. You may supply evidence of prior learning for some modules e.g. ethics, cultural, business etc. Examples are attached as a guideline. If you have any questions or concerns with this, please don't hesitate to contact our Membership Co-Ordinator who will guide you through this process.

5. Proof of Anatomy and Physiology (hours inclusive)
6. Proof of Indemnity Insurance
7. Proof of NZ Residence (if not a NZ Citizen)

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**Application Fee**(non-refundable)

**Payment Total**  
(cheque or online)

**Online payment to RNZ Bank Account**  
**ASB 123050 - 0305471 - 00**

**Reference details to include full name**

**Online Transaction Date**

### **Annual Subscription**

Upon acceptance of your application for Professional Membership, you will be sent an invoice for your annual subscription of **\$150.00** by the RNZ Treasurer. Once payment is received your RNZ Certificate and Annual Practicing Certificate will be posted to you.

Please forward your completed application to:

Reflexology NZ Membership  
P.O. Box 129  
Kumeu  
Auckland 0841  
Email:membership@reflexology.org.nz

RNZ Membership Coordinator  
Annamarie Huckin  
Phone: 027 8111 432

I ..... agree to participate in the RNZ Continuing Professional Development (CPD) audit program.

Date \_\_\_\_\_

Signature \_\_\_\_\_

(updated April 2017)