

**REFLEXOLOGY NEW ZEALAND INCORPORATED**



**NEW ZEALAND RNZ ACCREDITED SCHOOLS  
PROFESSIONAL MEMBERSHIP APPLICATION FORM**

**FORM B – PROFESSIONAL**

\*Please print clearly

\*Please complete both pages

Member Number  
(Office use only)

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

Membership is                      New / Existing

**Reflexology School of Training:**

**RNZ accredited Schools:**

Aromaflex Academy                                            Waikato School of Reflexology                     

Southern Therapies School of New Zealand                                            Manawatu School of Reflexology                     

Regional Group Member:    Yes/No                      Regional Group Name \_\_\_\_\_

\*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.

The public view your clinic details ONLY.

Please contact the webmaster if you need assistance [webmaster@reflexology.org.nz](mailto:webmaster@reflexology.org.nz)

**INSURANCE**

It is a requirement of RNZ membership that you obtain Professional Indemnity Insurance. Public Liability and other insurance is optional.

Our recommended insurers, Bizcover, offer a insurance package which includes Professional Indemnity Insurance.

Contact details: [reflexologynz@bizcover.co.nz](mailto:reflexologynz@bizcover.co.nz):

Please email your name, cover commencement date, best contact number, address, and confirmation of NO known claims. A BizCover consultant will then contact you to finalise your insurance.

