

REFLEXOLOGY NEW ZEALAND INCORPORATED
FIRST YEAR NON ACCREDITED SCHOOLS AND
SECOND YEAR RNZ ACCREDITED SCHOOL STUDENT
MEMBERSHIP APPLICATION FORM



FORM B – SECOND YEAR STUDENT

*Please print clearly

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 _____	
Work phone number (if different) _____	

Membership is New/Existing

Reflexology School of Training:

RNZ accredited Schools:

Aromaflex Academy <input type="checkbox"/>	Waikato School of Reflexology <input type="checkbox"/>
Southern Therapies School of New Zealand <input type="checkbox"/>	Manawatu School of Reflexology <input type="checkbox"/>

Non RNZ accredited School: _____

(Name of school)

Training Duration: _____

Regional Group Member: Yes/No Regional Group Name _____

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

Student Annual Membership Fee - \$65.00

Payment Total (cheque or Online*) \$ _____

Online Tansaction Date: _____

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

Reference details to include your full name.

Please forward your completed application to:

RNZ Membership
P.O. Box 129
Kumeu, Auckland 0841

RNZ Membership Coordinator – Contact Details
Phone: 0278111432
Email: membership@reflexology.org.nz

Date _____

Signature _____

(Updated April 2017)