International Council of Reflexologists

New Membership Application

January 1st to December 31st

Please Print Clearly:

Name: _____

Address: _____

City: _____ State/Prov.: _____

Zip/P.Code: _____ Country: _____

Tel. #: _____ Fax. #: _____

Email: _____

Total years in Reflexology: ____Years as: Reflexologist_____ Teacher_____
Lecturer_____ Researcher_____ Author/Writer ____

Do you combine reflexology with another modality? Yes ___ No ___ If yes, please list.

I have an interest in contributing to ICR in the following areas:

☐ W.R.W. ☐ Research Projects ☐ Conference Assistance
☐ Committee Work ☐ Newsletter Articles/Advertising ☐ Other_____

List Reflexology Associations in which you are a current member:
_____

Would you like ICR to give your name as a referral when inquiries are made? ☐ Yes ☐ No
Would you like to have your name as a referral on the ICR website? ☐ Yes ☐ No

Membership fee for 1 year: $55.00 U.S.

Payment by:

☐ Check made payable to **I.C.R.** (only in US$ from a US bank)
☐ International Money Order in US$
☐ VISA or M/C _____ Exp.: _____

Signature: _____ Date: _____

NOTE: If paying by Credit Card, <u>a processing fee of 5% of total purchase will be added to the amount billed to your credit card.</u> Please do not send cash by mail as ICR will not assume responsibility for lost currency.

Send this form with your payment to:

ICR Membership
142 Edmonds Road,
Glenwood, Durban 4001
South Africa

Or: you can fax to:
27-31-206-0600
(press 'start' button)