



**Maine Council of Reflexologists**  
**www.reflexologyofmaine.org**  
**(RAA Affiliated State)**  
**Membership Year: July 1, 2020– June 30, 2021**



PLEASE PRINT LEGIBLY

Name: \_\_\_\_\_ County (Office Address) \_\_\_\_\_

Office Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

Preferred Mailing Address: ☐ Home ☐ Office

MCR will send future newsletters via email. Check here if you need a printed copy. ☐

Phone for **public listing**: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **Best Phone for MCR to reach you:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

**If you are a current ARCB Member, ID #:** \_\_\_\_\_ **If ICR member, ID #:** \_\_\_\_\_ **If RAA member, ID#:** \_\_\_\_\_

**NOTE:** Your **office** address will be used for MCR online and print directories. Complete information as you would like it to appear.

☐ **I DO NOT** wish my name to be added to any public listing.

**INCLUDE PROOF OF CEU CREDITS EARNED FROM JUNE 30 OF THE PREVIOUS YEAR (if not already submitted).**  
**MCR requires that each professional member earn 12 CEUs every 2 years.**

**Professional Membership:** ☐ **New** ☐ **Renewal** ☐ **\$50 one year**  
 (min 300 hours) ☐ **\$25 for January 1- June 30** **Prorated last 6 months for NEW Member Only**

**Professional Membership** is open to reflexologists certified by a non-profit, national certification board or certified by an accredited school or training program with a minimum of 300 hours. Those members who attained Professional membership prior to February 1, 2006, and have less than 300 hours of training are grandfathered in their Professional level membership unless that membership is allowed to lapse. MCR reserves the right to verify all credentials. **Copy of your school certificate and your board certification must be attached to process NEW applicants and anyone upgrading from Associate to Professional.**

|                                                                                                                                        |                             |                           |           |
|----------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|---------------------------|-----------|
| (Please print legibly)                                                                                                                 |                             |                           |           |
| School Name: _____                                                                                                                     | Phone: _____                | Email _____               |           |
| Office Address: _____                                                                                                                  | City _____                  | State _____               | Zip _____ |
| Website: _____                                                                                                                         | No. of Hrs Completed: _____ | Date of Completion: _____ |           |
| Are you nationally certified by a non-profit reflexology certification board? <input type="checkbox"/> Yes <input type="checkbox"/> No |                             | Certification # _____     |           |
| Name of Board: _____ Contact info if other than ARCB: _____                                                                            |                             |                           |           |

**Associate Membership:** ☐ **New** ☐ **Renewal** ☐ **\$50 one year**  
☐ **\$25 for January 1- June 30** **Prorated Last 6 months for NEW Member Only**

**Associate Membership** is open to non-certified reflexologists not meeting the Professional member level standards, students-in-training in reflexology, individuals granted Honorary Limited Membership or Honorary Lifetime Membership for their work in support of MCR, clients or other interested persons, schools, businesses or other entities concerned about and desiring to support the growth and development of the field of reflexology. Associate Member schools are eligible for an online directory listing.

**RAA Membership:** As an affiliate of RAA, MCR encourages you to join RAA so that you may enjoy the additional benefits offered through their organization. Please go to their website, <http://www.reflexology-usa.org>, to download and then submit your membership application directly to RAA.

|                             |                                           |                                    |                                      |                                     |                                           |                                     |
|-----------------------------|-------------------------------------------|------------------------------------|--------------------------------------|-------------------------------------|-------------------------------------------|-------------------------------------|
| <b>I want to volunteer:</b> | <input type="checkbox"/> Bylaws           | <input type="checkbox"/> Education | <input type="checkbox"/> Legislative | <input type="checkbox"/> Membership | <input type="checkbox"/> Standards/Ethics | <input type="checkbox"/> Out Reach  |
|                             | <input type="checkbox"/> Public Relations | <input type="checkbox"/> Brochure  | <input type="checkbox"/> Website     | <input type="checkbox"/> Newsletter | <input type="checkbox"/> Library          | <input type="checkbox"/> Historical |

**I verify that I have met the requirements for the level of membership for which I am applying and that I have included all required documentation. I understand that if any of the above information is found to be incorrect or invalid, my membership may be denied.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

|                                                                                                            |                                                   |                                      |
|------------------------------------------------------------------------------------------------------------|---------------------------------------------------|--------------------------------------|
| <b>Make checks payable to:</b><br>Maine Council of Reflexologists<br>PO Box 5583<br>Augusta, ME 04332-5583 | <b>Received by:</b> _____ <b>FOR MCR USE ONLY</b> |                                      |
|                                                                                                            | <b>Date:</b> _____                                | <b>Volunteer Follow-up:</b> _____    |
|                                                                                                            | <b>Check # &amp; Amt.:</b> _____                  | <b>Documentation Received:</b> _____ |