

INTEGRATED REFLEXOLOGISTS OF WISCONSIN, INC.  
c/o 640 Main Street, Belgium, WI 53004-0161  
(414) 531-2587, [ReflexWI2012@gmail.com](mailto:ReflexWI2012@gmail.com)



## MEMBERSHIP APPLICATION 2020-2021

(This completed form must accompany Membership Dues.)

This organization was organized to advance and support the competency and professionalism of Reflexology practitioners and the field of Reflexology in all its aspects. This organization will unite Reflexology practitioners in Wisconsin and offer educational and networking opportunities.

(Check Appropriate box):

- New Member                       Transitioning from an Associate Member to a Professional Member  
 Renewal                              If you are a Charter Member, renewal is required to maintain this status.

**(New Members after January 1<sup>st</sup> are charged ½ of the Membership Fee. Renewals need to be received by July 31<sup>st</sup> to remain in good standing.)**

Membership year July 1, 2020 to June 30, 2021. Please check the appropriate membership level:

- Professional Membership: \$50 per year;** Reflexologists certified by a non-profit national certification board or certified by a school or training program with a **minimum of 200 hours**. Reflexology Association of America has increased hours to 300. At this time, IRW has not increased hours to 300.
- Associate Membership: \$25 per year;** a non-certified Reflexologist not meeting the Professional member level standards or a student in training in Reflexology.
- Commercial Membership: \$75 per year;** an agency, a school, a business, a manufacturer, a health practitioner, or any entity or interested person concerned about, or desiring to support the growth and development in the field of Reflexology.

Print your name as you desire it to appear on all future forms: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
City/State/Zip \_\_\_\_\_ Email Address: \_\_\_\_\_  
Business Name: \_\_\_\_\_ Business Phone: \_\_\_\_\_  
Text?  Yes  No If so, to what phone number: \_\_\_\_\_

### All Members:

Certifications You Presently Hold: \_\_\_\_\_  
Do you carry liability insurance?: \_\_\_\_\_ Please provide the name & address of your insurance carrier: \_\_\_\_\_

**Number of educational hours to date:** \_\_\_\_\_

Please list Reflexology Association memberships that you currently a member of:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

What do you see as needs for our state association? (Note that our website is under reconstruction and hopefully will be a useful tool for all members upon completion. We are active on Facebook. Please "like" our page.)

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Are you willing to host a SHARE or other event? \_\_\_\_\_



If you are transitioning from an Associate Member to a Professional Member, please complete the New Member information as requested below.

**New Members Only:**

Please list your Reflexology education and training:

Name of School/Instructor	Dates Attended	Courses/Major	Degree/Certification Received

Are you certified as a Reflexologist: Yes \_\_\_\_\_ No \_\_\_\_\_ Type of Certification: ARCB, School or Other: \_\_\_\_\_ Certification Number: \_\_\_\_\_  
Total years in practice; as Reflexologist \_\_\_\_\_; Teacher/Instructor; \_\_\_\_\_; Other: \_\_\_\_\_  
Do you combine Reflexology with another healing modality? Please list: \_\_\_\_\_

What is the average number of reflexology sessions you do each week? \_\_\_\_\_  
What is the length and cost of your average session? \_\_\_\_\_

**REQUIREMENT - New Member or Transitioning Member only:** Please attach a copy of your School Certification and/or ARCB Certification with this Membership Application.

Mail this completed form, requested information and the appropriate fee for one year membership to:  
Integrated Reflexologists of Wisconsin, Inc., 640 Main Street, Belgium, WI 53004-0161

Thank you for your interest in the INTEGRATED REFLEXOLOGISTS OF WISCONSIN, INC.