

INTEGRATED REFLEXOLOGISTS OF WISCONSIN, INC.

c/o 640 Main Street, Belgium, WI 53004-0161

(414) 531-2587, [ReflexWI2012@gmail.com](mailto:ReflexWI2012@gmail.com)

<https://www.integratedreflexologistsofwisconsin.org>



## MEMBERSHIP APPLICATION 2024-2025

(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, 2024 to June 30, 2025. 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.

If you have a business outside of your home, that will be the information posted on our webpage. If you have an in-home business, that information will be posted. Please be legible and accurate with your information.

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 Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Text? ☐ Yes ☐ No If yes, to what phone number: \_\_\_\_\_

☐ Check if you **do not** want your information posted on our website.

**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: \_\_\_\_\_ ARCB Certified ☐ Yes ☐ No



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

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

What do you see as needs for our state association? (Note that our website is completed and is a useful tool for all members. This is a membership perk. We are active on Facebook. Please "like" our page.)

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

**Be sure to attend our Bi-Annual Conference on April 26-27, 2025 in Port Washington, WI 53074. The IRW will contribute towards the Teaching Class Fee as part of your membership. Join or renew today to save. These teachings will enhance you and your profession and business.**



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/Diploma 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.