



Tennessee Reflexology Association Membership Application

(Please print information clearly)

Name: _____

Phone: (____) _____

Address: _____

Fax: (____) _____

County: _____

E-mail: _____

Please put an "X" in the box for all of the following that are applicable and fill in any blanks:

- I have completed ____ hours of Reflexology education.
- I have completed ____ hours of hands-on Reflexology work toward certification.
- I have ____ years experience in the Reflexology profession.
- I have National ARCB certification.
- I have certification through the International Institute of Reflexology.

Other Experience/Education: _____

Signature: _____

Date: _____

NOTE: Membership Dues are \$20 per year payable to the Tennessee Reflexology Association

Please submit application form and check to the following address:

Larry Hill, Treasurer
3550 Buffat Mill Road
Knoxville, TN 37914
865-522-1447