



Maine Council of Reflexologists
www.reflexologyofmaine.org
Membership Year: July 1, 2024– June 30, 2025

PLEASE PRINT LEGIBLY

Name: _____ County (Office Address) _____

Office Address: _____

Home Address: _____

Preferred Mailing Address: Home Office
MCR will send future newsletters via email.

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

Email: _____ Website: _____

If you are a current RAA member, ID#: _____ If ARCB Member, ID #: _____ If ICR 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.

Professional Membership: New Renewal \$25 one year
(min 200 hours)

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 200 hours.

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 \$25 one year

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.

I want to volunteer:	<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:** _____

** If you wish to make an additional contribution to MCR to help in any way, please list here _____ Thank you! **

Make checks payable to: Maine Council of Reflexologists PO Box 5583 Augusta, ME 04332-5583 Phone: Nancy 207-592-4573 Email: info@mcronline.org	Received by:		FOR MCR USE ONLY	
	Date:		Volunteer Follow-up:	
	Check # & Amt.:		Documentation Received:	