



For those with an interest in Reflexology

Please return completed application with accompanying documents to the above postal or email address.

Name : _____ Surname : _____

Title : Mr Miss Ms Mrs Dr Other Date Of Birth :
D D M M Y Y Y Y

Postal Address : _____ Postcode : _____

Residential Address : _____ Postcode : _____

Clinic Address : _____ Postcode : _____

Home Phone : _____ Mobile : _____ Clinic : _____

Email Address : _____ Preferred contact : _____

OR give a Gift Membership to someone special (please fill in your details as well when giving a Membership Subscription)

Gift givers Name : _____

Address : _____ Postcode : _____

Email Address : _____ Telephone : _____

ASSOCIATE MEMBER FEES:

AM Fee - Full Associate Member \$ 160.00*

* Membership price listed is for the full July 2023 to June 2024 Membership Year. This figure is pro-rated throughout the membership period. Please check with our Administration/Membership Officer the amount to be paid at the time of your application. All membership fees include a once-off Administration Fee of \$60.00 inclusive of GST when first joining.

Signature Of Member _____ Date _____

Checklist: Completed Application Certified copy of Proof of Enrolment ID Photo (otional)

Upon acceptance of your application form you will receive:

- Our Welcome letter
- Approval to join RAOA Members Facebook Group
- Access to the RAOA Members website using your secure login
- Quarterly Footprints subscription (digital)
- All national and local branch newsletters including invitations to workshops, webinars and events.

Payment Details:

Method: Credit/Debit Card Direct Deposit

Direct Deposit: NationalAustralia Bank, BSB 084130 and Account Number 158991529. Please include your surname as transfer reference for identification and notify our office of your payment made.

Credit/Debit Card Details (surcharge fee applies): Card Name: _____

Card Number: _____ / _____ / _____ Expiry Date: _____ / _____ CVV: _____

Signature: _____