

Application for Annual Membership Renewal

Registered Reflexology Therapist (RRT)

Atlantic Canada Association of Reflexology Therapists

Membership Renewal

Membership renewal fees are **due by December 31**st, **of this year**. There is a \$25 late fee if you renew after this date. Membership privileges, including RRT number, will automatically expire if dues are not received by January 31st, of the coming year.

Please check the **expiration dates** on your professional liability insurance (PLI) and First Aid/CPR certificates, and forward copies of current certifications if applicable.

Proof of valid PLI and First Aid/CPR certification is mandatory for active RRT status and to be included in the registry sent to insurance companies. You do not need to resend if they are up-to-date!

Please check box if any information has been changed from previous year.

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Home Address					
Name:	RRT #:				
Street Address:					
City:	Province:				
Postal Code:	E-mail:				
Home Phone:	Cell Phone:				
Business/Employment Address					
Business Name:					
Street Address:					
City:	Province:				
Postal Code:	E-mail:				
Work Phone:	Fax:				
Website:					
Referral Service					
	ctory of active RRT members in good standing. This referral directory can be found propriate box to indicate which information you would like to have included in the				
Home information as indicated above	Rusiness/employment information as indicated above				

☐ Both home <u>and</u> business/employment information ☐ Please <u>do not</u> include me on the map

Membership dues and fees are outlined below. Methods of payment include e-transfer or cheque made payable to ACART. For e-transfer, please send to: treasurer@acart.org

Membership Renewal Fees		Write in amounts below
Registered Reflexology Therapist (RRT)	\$130.00	
Non-Practicing Registered Reflexology Therapist (RRT) – valid for 1 year only	\$50.00	
Associate Member	\$35.00	
Late Renewal Fee	\$25.00	
*OPTIONAL – Yearly Member in Good Standing Certificate, printed and mailed to you. Note: Professional Liability Insurance, First Aid/CPR, and CEUs must be current and up-to-date	\$20.00	
TOTAL	\$	

TOTAL PAYMENT	\$

Renewal Check-List

Please include copies of the following documents (if due), along with your completed renewal form and payment:	
☐ First Aid and CPR certificate ☐ Professional liability insurance certificate (PLI) ☐ CEU Report and documentation	
Method of Payment:	
☐ E-transfer to treasurer@acart.org (Preferred Method) OR Cheque (made payable to ACART) OR	
Agreement	
I understand the information provided herein is for the sole purpose of membership renewal with the Atlantic Cana Association of Reflexology Therapists (ACART) I do not authorize ACART to use the information for any other purpose without my consent. I agree to inform ACART of changes to my contact information. I declare to the best of my knowled that the information contained in this application is accurate.	se

Email & E-transfers are preferable. You may also send by regular mail.

Mail to: Patricia Taylor, ACART Membership Administrator, 54 Avondale Dr., Riverview, NB E1B 1C2

admin@acart.org www.acart.org

Signature:_____