



# International Council of Reflexologists

## New Membership Application

January 1st to December 31st

**Please Print Clearly:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Prov.: \_\_\_\_\_

Zip/P.Code: \_\_\_\_\_ Country: \_\_\_\_\_

Tel. #: \_\_\_\_\_ Fax. #: \_\_\_\_\_

Email: \_\_\_\_\_

Total years in Reflexology: \_\_\_\_ Years as: Reflexologist \_\_\_\_ Teacher \_\_\_\_  
Lecturer \_\_\_\_ Researcher \_\_\_\_ Author/Writer \_\_\_\_

Do you combine reflexology with another modality? Yes \_\_\_ No \_\_\_ If yes, please list.

I have an interest in contributing to ICR in the following areas:

- W.R.W.       Research Projects       Conference Assistance  
 Committee Work     Newsletter Articles/Advertising     Other \_\_\_\_\_

List Reflexology Associations in which you are a current member:

\_\_\_\_\_

Would you like ICR to give your name as a referral when inquiries are made?  Yes  No

Would you like to have your name as a referral on the ICR website?  Yes  No

**Membership fee for 1 year: \$55.00 U.S.**

**Payment by:**

- Check made payable to **I.C.R.** (only in US\$ from a US bank)  
 International Money Order in US\$  
 VISA or M/C \_\_\_\_\_ Exp.: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE: If paying by Credit Card, a processing fee of 5% of total purchase will be added to the amount billed to your credit card. Please do not send cash by mail as ICR will not assume responsibility for lost currency.**

Send this form with  
your payment to:

**ICR Membership**  
142 Edmonds Road,  
Glenwood, Durban 4001  
South Africa

Or: you can fax to:  
27-88-031-206-0600