

FRIEND APPLICATION FORM

Name	
Address	
Country	
Email	
Telephone	
Website	

Are you applying as an individual Yes No

Are you applying as a non-Reflexology Organization Yes No

If Yes to non-Reflexology Organization, please state:

Name of Organization	
Position in Organization	

Are you applying as a Reflexology Organization outside of Europe?

Yes No

If Yes, please state:

Name of Organization	
Country	
Position in Organization	

Are you a Qualified Reflexologist

() Yes

() No

If Yes,

When did you qualify?	
What school did you attend?	

Please list any other Reflexology Organizations you are a member of:

Any other information or question:

SIGNATURE:

PLACE:

DATE:

Bank account number: NL33ABNA 0607546662

SWIFT/BIC code: ABNANL2A

Address: Buikslotermeerplein, Postbus 36035, 1020 MA, Amsterdam, The Netherlands

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