



Association Membership Application form – 2018

We would like to thank you for your support of RiEN. Would you please complete the form below so that we can prepare your invoice for next year's membership.

Name of Organisation	
Address	
Country	
Telephone No	
Email	
Website	
Chair	
Secretary	
Treasurer	
RiEN representative for 2018	
Contacts email address	

Contacts Telephone No	
When was your Organisation set up	
Current number of Reflexology members	

CRITERIA OF YOUR ORGANISATION		
What is the minimum training standard acceptable for membership of your organisation?		
Do you have a Continuing Professional Development requirement?	Yes[]	No[]
Does your organisation have schools?	Yes[]	No[]
If Yes what Reflexology Qualification is being taught:	Yes[]	No[]
No of teaching hours	Yes[]	No[]
Breakdown of required learning	Yes[]	No[]
Anatomy, physiology and pathology	Yes[]	No[]
Provide Reflexology	Yes[]	No[]
Reflective Practice	Yes[]	No[]
Principles and practices of Complementary Therapy	Yes[]	No[]
Business Practice	Yes[]	No[]
First Aid	Yes[]	No[]

Please return this form via email to finance.rien@googlemail.com

RiEN is registered at the Chamber of Commerce & Industry Amsterdam, The Netherlands
Registration number 341 96106.