



THE NOVA SCOTIA ASSOCIATION OF REFLEXOLOGY PRACTITIONERS

Membership Application and Renewal Form

When applying to the Professional Practicing and Non-Practicing categories, applicants must submit a copy of their Reflexology certificate from a NSARP recognized program. This is not necessary for membership renewals. If applying for the category of student member, please submit evidence that you are currently enrolled in an NSRAP recognized program. Please note that membership will be delayed if all documentation is not received.

Please check appropriate space: Application _____ Renewal _____

Member renewal fees are due by the end of January. Please add \$15 late fee if you mail your renewal form after this date. Membership will automatically expire if dues are not received by the end of February.

Section 1. Membership Information

Date: _____ Member #: _____

First and Middle Names: _____ Last Name: _____

Address: _____

_____ Postal Code: _____

Tel: _____ email: _____

Training Institute: _____ Year Graduated: _____

Section 2. Insurance Information

Note: Professional liability insurance is mandatory for professional practicing members. Please include a copy of your insurance certificate.

Name of insurance company _____

Current policy number _____

Expiry Date _____

Section 3. Newsletter Delivery Preference

To reduce postage costs, the association delivers its newsletter by email. If you do not have email, it will be sent to you by regular mail. Please ensure that we have your current addresses.

Please send my newsletter (please check one): By regular mail: _____ By email: _____

**PO Box 224
Centreville, NS B0P 1J0
(902) 679-4510
Email: NSARP@ns.sympatico.ca
Website: www.nsap.org**



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Section 4. Please make payment to NSARP.

Category	Fees	Membership Fees
*Application Fee For Membership	\$25.00	
Professional Practicing (RRT designation)	\$65.00 plus Insurance	
Professional Non-Practicing	\$55.00	
Associate	\$35.00	
Honorary	No Fee	
Student	\$25.00	
Reinstatement Fee	\$25.00	
Late Payment Fee (after Feb. 28)	\$15.00	
Requests for documents, paperwork including duplicate copies	\$10.00	
Competency Exam Fee	\$75.00	
		Total
Other administrative or service fees may be deemed necessary by the Board and/or office administrator		
Please Note: Fees run from February 1st to January 31st each year. Members joining between the months of August and January will be charged half of the current membership fee. This does not apply to students as this membership category is valid for up to a year to allow time to complete their studies.		

Boost Your Visibility and Credentials! NSARP's Educational Tool Bundle is a ready made trade show package designed to promote Reflexology Therapy and help enhance your private practice. The scientifically based Power Point Presentation and the Display Board are ideal visual aids for any marketing or educational opportunities. Both come as CDs. The Display Board CD is in TIF format and ready for your local print shop. The Board's dimensions are 46.5" x 34.5" and it may be mounted on a background such as a cork board.

Display Board CD \$15 _____ PPP CD \$15 _____ Both for \$ 25 _____ Total _____

Payment method: Cheque _____ Money Order _____

Section 5. Agreement

I agree to provide the above information for the sole purpose of keeping my membership in NSARP current. I do not permit NSARP to use the information for any other purpose without my consent. I agree to inform NSARP of changes to my mailing or email address. I declare to the best of my knowledge that the information contained in this application is accurate.

Signature: _____

Date: _____

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Application For Online Referral Directory

Registered Professional Practicing Members Only

NSARP maintains an online referral directory for Registered Reflexology Therapists whose membership dues are paid. The public can access the referral information by visiting our website or by calling NSARP Head Office for a referral.

I give NSARP permission to list my name and contact information in the online referral directory (please check one):

YES _____ (complete the section below and sign your name) NO _____

Practitioner name: _____

Business name: _____

Business address: _____

Services offered: _____

Contact information:

Work: _____

Home: _____

Cell: _____

E-mail: _____

Website: _____

I will make house calls: YES _____ NO _____

Signature: _____

Date: _____

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