Maine Council of Reflexologists
www.reflexologyofmaine.org
Membership Year: July 1, 2025– June 30, 2026

PLEASE PRINT LEGIBLY

Name: _____   County (Office Address) _____

Office Address:_____

Home Address: _____

Preferred Mailing Address: ☐ Home ☐ Office
MCR will send future newsletters via email.

Phone for **public listing**: _____-_____-_____   **Best** Phone for MCR to reach you: _____-_____-_____

Email: _____   Website: _____

If you are a current RAA member, ID#:_____   **If ARCB Member**, ID #:_____   **If ICR member**, ID #:_____

NOTE: Your **office** address will be used for MCR online and print directories. Complete information as you would like it to appear.
☐ **I DO NOT** wish my name to be added to any public listing.

Professional Membership: ☐ New ☐ Renewal   ☐ $25 one year
(min 200 hours)

Professional Membership is open to reflexologists certified by a non-profit, national certification board or certified by an accredited school or training program with a minimum of 200 hours.

Copy of your school certificate and your board certification must be attached to process NEW applicants and anyone upgrading from Associate to Professional.

(Please print legibly)
School Name: _____Phone:_____ Email _____
Office Address: _____City_____State_____Zip_____
Website: _____ No. of Hrs Completed: _____ Date of Completion:_____
Are you nationally certified by a non-profit reflexology certification board? ____ Yes ____ No   Certification # _____
Name of Board: _____ Contact info if other than ARCB:_____

Associate Membership: ☐ New ☐ Renewal   ☐ $25 one year

Associate Membership is open to non-certified reflexologists not meeting the Professional member level standards, students-in-training in reflexology, individuals granted Honorary Limited Membership or Honorary Lifetime Membership for their work in support of MCR, clients or other interested persons, schools, businesses, or other entities concerned about and desiring to support the growth and development of the field of reflexology. Associate Member schools are eligible for an online directory listing.

I want to volunteer:	__ Bylaws	__ Education	__ Legislative	__ Membership	__ Standards/Ethics	__ Out Reach
	__ Public Relations	__ Brochure	__ Website	__ Newsletter	__ Library	__ Historical

I verify that I have met the requirements for the level of membership for which I am applying and that I have included all required documentation. I understand that if any of the above information is found to be incorrect or invalid, my membership may be denied.

Signature: _____   Date: _____

** If you wish to make an additional contribution to MCR to help in any way, please list here_____   Thank you! **

Make checks payable to:		Received by:	**FOR MCR USE ONLY**
Maine Council of Reflexologists	Phone: Pending	Date:	Volunteer Follow-up:
PO Box 5583	Email: info.mcr.online@gmail.com		
Augusta, ME 04332-5583		Check # & Amt.:	Documentation Received: