



# Application for Membership

## Associate Member

### Atlantic Canada Association of Reflexology Therapists

#### Membership Requirements

Applicants for Associate membership may include:

- Any individual or group with an interest in Reflexology Therapy
- ACART members who are no longer practicing
- Reflexology therapists who have qualified at training institutions not recognized by ACART

#### Home Address

First Name: _____	Last Name: _____
Street Address: _____	
City: _____	Province: _____ Postal Code: _____
Home Phone: _____	Cell Phone: _____
E-mail: _____	

#### Membership Dues and Fees

Membership dues and fees are outlined below. Methods of payment include cheque, money order and PayPal. **There is a service fee for PayPal transactions through ACART's website.** This fee is automatically added during the check-out process.

Associate Membership Fees	Write in amounts below	
Associate Member	\$35.00	
Application Fee	\$25.00	

**TOTAL PAYMENT** \_\_\_\_\_

#### Agreement

*I certify the information provided on this form is true and complete and that I meet the requirements for membership with ACART. I understand that I must notify the ACART office within fourteen days of any change of principal residence in writing.*

*I hereby certify that I have read, understood, and confirm compliance with Standards of Practice, Codes of Ethics and Conduct, and Bylaws adopted by the Atlantic Canada Association of Reflexology Therapists.*

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

**Please return completed application and payment to:**

Joanne Clouston, Membership Administrator, PO Box 371, Mahone Bay, NS, B0J 2E0  
admin@acart.org

Print this form

Submit by e-mail