



Application for Membership

STUDENT

Atlantic Canada Association of Reflexology Therapists

Membership Eligibility

Applicants for student membership must meet the following requirements:

- Be enrolled in an ACART approved training program
- Pay all membership dues and fees as required
- Student membership is valid for a maximum of one (1) year

Home Address

Name: _____

Street Address: _____

City: _____ Province: _____

Postal Code: _____ E-mail: _____

Home Phone: _____ Cell Phone: _____

Training Program Information

Training Institution Name: _____

Location: _____

Instructor: _____

Program Start Date: _____ Anticipated Completion Date: _____

Professional Liability Insurance

Professional liability insurance is not required for student members, but is **mandatory** for all active Registered Reflexology Therapist members. Application packages are available on the ACART website (www.acart.org) from two insurance companies – Lackner McLennan and Preventative Health Services.

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.

| Student Membership Fees | Write in amounts below | |
|-------------------------|------------------------|----------------|
| Student Membership | \$25.00 | |
| Application Fee | \$25.00 | \$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**

Print this form

Submit by email