



Application for Membership

Student (S)

Nova Scotia Association of Reflexology Practitioners

Membership Eligibility

Applicants for student membership must meet the following requirements:

- Be enrolled in an NSARP approved 300-hour curriculum training program
- Pay all membership dues and fees as required
- Student membership is valid for a maximum of one (1) year

Home Address

First Name: _____ Last 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 NSARP website (www.nsarp.org) from two insurance companies – Lackner McLennan and Preventative Health Services.

Educational Tools

NSARP's educational tool bundle is a ready-made tradeshow package designed to promote reflexology therapy and help enhance your practice. The scientifically based PowerPoint presentation and display board are ideal visual aids for any marketing or educational opportunities. Both are available in CD format. The display board is in TIF format and ready for your local print shop. The board's dimensions are 46.5" x 34.5" and may be mounted on a background material.

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 NSARP's website.** This is automatically added during the check-out.

Student Membership Fees 2016	Write in amounts below	
Student Membership	\$25.00	
Application Fee	\$25.00	\$25.00
Educational Tools - Display Board CD only	\$25.00	
Educational Tools - PowerPoint Presentation CD only	\$25.00	
Educational Tools - Display Board <u>and</u> PowerPoint Presentation CDs (save \$10)	\$40.00	

TOTAL PAYMENT \$ _____

Agreement

I understand the information provided herein is for the sole purpose of student membership with the Nova Scotia Association of Reflexology Practitioners (NSARP). I do not authorize NSARP to use the information for any other purpose without my consent. I agree to inform NSARP of changes to my contact information. I declare to the best of my knowledge that the information contained in this application is accurate.

Signature: _____ Date: _____

Please return completed application and payment to:

Joanne Clouston
 Membership Administrator
 PO Box 371, Mahone Bay, NS, B0J 2E0
 E-mail: admin@nsarp.org

Ph: (902)624-0730

Web: www.nsarp.org