

The Centre for Clinical Reflexology

2 Bramley Avenue, Burnage,
Manchester, England M19 2GB

0161 225 9752

Email: clive.ohara@btconnect.com

Member organization of the Reflexology Forum



Membership Application

Name: _____ Address: _____ _____ Post Code: _____	Date of Birth: _____ Telephone Day: _____ Night : _____ Email: _____
TRAINING: Either: CAR Diploma Number: _____ Graduation Date: _____ College: _____ Or: Title of Diploma / Awards obtained: _____ Name of Awarding Body: _____ Date of Diploma /Awards: _____ Name of Training Provider (School / FE College etc): _____ Name of Tutor / Tutor Group: _____	
CPD: If you have accrued any CEU's (CPD points) please give total to date: <input style="width: 100px; height: 20px;" type="text"/>	
History of CPD activities: _____	

- I confirm I am still practising as a clinical reflexologist and have retained possession of my CAR / or _____ (name of awarding body) certificate(s) / Diploma(s)
- I also confirm I have not been refused professional indemnity insurance or have been removed from, or been refused entry into, any Reflexology / Complementary or Conventional medical organization.
- I understand that this yearly membership will continue until the formation of a single regulatory body for reflexology should make individual associations unnecessary.
- I fully understand that the benefits of membership, such as discount on goods, services and conference / training day fees, will cease if I do not continue payment of annual subscriptions.
- I realise that it will be a breach of this membership contract to continue to use the letters MCAR and to issue invoices / receipts for the purposes of private health care claims if my membership subscriptions are not kept up to date. I am aware that after being given a reasonable amount of time to clear any arrears of MCAR subscriptions my name will then be removed from the membership list. This list is published four times a year in the 'Clinical Reflexology News'.
- I understand that upon receipt of this application and payment of the membership fee the association executive will send my membership card and number along with the rules and code of conduct and ethics of the association and that I will be able to use the designation MCAR in recognition.
- I have enclosed / handed over a payment of **£39.50**. *Please make cheques payable to 'C.A.R.'*

Signed _____	Name: _____	Date: _____
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Office Use Only

Date Received	Number Issued : _____	Welcome Pack Sent:	Standing Order Set Up?
date sig	date sig	Card Letter 1 st Newsletter	date sig
___/___/___ _____	___/___/___ _____	___/___/___ _____	___/___/___ _____