

NATIONAL REGISTER OF REFLEXOLOGISTS (IRELAND)

ESTABLISHED 1998

Terryland House, Headford Road, Galway.

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APPLICATION FOR STUDENT REGISTRATION

(CONFINED TO STUDENTS ATTENDING NRRRI ACCREDITED SCHOOL)

To the Registrar,

This form is valid until 31/12/2010
(please complete in block capitals)

PERSONAL INFO:

NAME(S):

SURNAME:

Date of Birth:/...../..... (optional)

HOME DETAILS FOR CORRESPONDENCE:

ADDRESS:

.....

TOWN/CITY:

COUNTY:

CONTACT DETAILS:

TELEPHONE(S):

.....

E-MAIL:

WEBSITE:

TRAINING / EDUCATION INFO:

QUALIFYING SCHOOL:

COURSE TITLE:

COURSE DURATION: months. **SCHEDULED GRADUATION DATE:**/...../.....

I understand that my membership may be suspended should I be found to be in breach of the NRRRI Student Code of Ethics a copy of which will be supplied to me together with my Certificate of Registration.

I understand that my membership will be valid only for the duration of this present course and that I shall be eligible for registration as a Full Member of the NRRRI when awarded my Diploma; and that as a student member I shall be in receipt of the NRRRI quarterly Journal "Reflexions".

Should I fail to complete the course for whatever reason my membership will be cancelled without refund of my membership fee.

*I enclose my membership fee **25 euro** I am over 18 years of age and I hereby apply for Student Membership of the National Register of Reflexologists (Ireland).*

Signed:
(by Applicant)

Date:/...../ 2010.

Counter signed
(by School Principal):

Date:/...../ 2010.

For Office Use Only: Date received:/...../..... by.....

Total Fee paid: €..... (chq / mo / po)

Qualification approved: **YES / NO** Registration approved: **YES / NO**

Registration confirmed and Certificate issued on:...../...../.....

Comments:

Signed: Registrar. **Date:**/...../.....

Member's Registration Number

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(s):10