



Associate Membership Application

Personal Information:

Mr / Mrs/ Ms / Miss (delete) Surname: _____	First Name (s): _____	Date of Birth: _____
Address: _____		
Postcode: _____	Contact Tel No.: _____	Email: _____

TRAINING: Title of Diploma/ Award: _____	Diploma Number: _____
Awarding Body: _____	Date Awarded: _____
Training Provider (Institution/ School / College etc): _____	Tutor: _____

Note: Full Membership applicants must be able to produce certification evidence (reflexology, first aid, and valid insurance). In addition new applicants who do not hold a CAR accredited qualification must provide evidence of CAR approval for Full Membership. CAR reserves the right to request an individual assessment prior to acceptance for membership if considered appropriate.

Associate Membership conditions:

I the undersigned confirm and agree to the following:

- I am a practising reflexology therapist who has been awarded the CAR Therapist Diploma in Reflexology or, I am a practising reflexology therapist who does not hold a CAR accredited qualification. I do however hold an equivalent qualification and agree to complete a 'Practice Questionnaire. I understand that my qualification and associate membership is evidence that I have been assessed competent to practice as a reflexology therapist under direction.
- I confirm that I have not been previously refused professional indemnity insurance or have been removed from, or been refused entry into, any Reflexology/ Complementary or Conventional medical organisation.
- 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.
- As an Associate Member I may use the letters ACAR. (MCAR may only be used by fully qualified full members). I realise that it will be a breach of this membership contract to use any letters or to issue invoices/ receipts for the purposes of private health care claims before I am fully qualified. It will also be a breach of this contract to continue to use the letters ACAR if my membership subscriptions are not maintained.
- I am aware that if my membership subscriptions are not maintained then after being given a reasonable amount of time to clear any arrears my name will be removed from the membership list and CAR website.
- I understand that upon receipt of this application and payment of the associate membership fee the association administration team will send my Associate Membership Certificate (subject to approval). I agree to abide by the Rules and Codes of Practice, Conduct, Ethics and Disciplinary procedures of the association (available via CAR website).
- I agree to CAR using my contact details for membership related purposes. I agree/ do not agree (please circle one option) to my personal details being made available on the association therapist/ practitioner register.
- I confirm that I have attached the appropriate payment for Associate Membership, together with a copy of my reflexology qualification. I have obtained/ agree to obtain Professional Indemnity Insurance (available from £48 per annum) and have attached/ will send a copy of this policy on receipt.
- The Associate Membership fee is £45.00. Applicants recently achieving a CAR accredited Therapist Diploma may obtain Associate Membership at a discounted fee of £35.00 (Discount is for one year and subject to continuing in practitioner training). (Please make cheques payable to 'C.A.R.').
- I have up to 30 days to cancel my membership after which time no refunds will be given. (An administration fee of £5 will be charged in the event of cancellation) Membership is renewable annually.

Full Membership conditions:

Full Membership is available to Associate members who are awarded a CAR accredited Practitioner Diploma at a discounted fee of £35.00 for the first year, or to those not holding CAR accredited qualifications who have obtained CAR approval, producing satisfactory evidence to meet full membership criteria. (Full Membership is currently £45.00).

Signed _____	Name: _____	Date: _____
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Office Use Only:

Date Received:	CAR Reg Number:	Certificate & Welcome Pack sent on:	Payment: Cash / Cheque / Standing Order / Online / Direct Debit
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