



Friend Membership Application

Personal Information:

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

Friend Membership conditions:

I the undersigned confirm and agree to the following:

- I confirm that I have not been previously refused 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 a Friend Member I understand that I am not entitled to use any association letters, which may only be used by qualified members.
- I understand that upon receipt of this application and payment of the friend membership fee the association administration team will send my Friend Membership Certificate.
- I agree to abide by the Rules and Codes of Practice, Conduct, Ethics and Disciplinary procedures of the association which can be accessed via the CAR website.
- I agree to CAR using my contact details for membership related purposes.
- I confirm that I have attached the appropriate payment for Friend Membership, which is £25 (*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.

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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CCR accredited and approved by the [Clinical Association of Reflexologists](#)