



Full 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: _____
<i>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.</i>	

Full Membership conditions:

I the undersigned confirm and agree to the following:

- I am a practising reflexology practitioner who has previously held the CAR Therapist Diploma and have now passed all appropriate practitioner assessments or, I am a practising reflexology practitioner who has been approved by CAR for Full Membership (evidence must be included with application).
- 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 a Full Member I may use the letters MCAR. It will be a breach of this contract to continue to use the letters MCAR 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 full membership fee the association administration team will send my Full Membership Certificate (subject to approval). I agree to abide by the Rules and Codes of Practice, Conduct, Ethics and Disciplinary procedures of the association which can be accessed via CAR website.
- I agree to CAR use of 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 Full Membership, together with a copy of my reflexology qualification/s. 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 Full Membership fee is **£45.00**. Applicants recently achieving a CAR accredited Practitioner Diploma may obtain Full Membership at a discounted fee of **£35.00** (Discount is for one year). *(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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www.clinicalreflexology.org

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