



## Student Membership Application

### Personal Information:

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

### Student Membership conditions:

I the undersigned confirm and agree to the following:

- I confirm I am now training as a clinical reflexologist and I understand that my student membership certificate is to assure clients and case studies that my training is to standard, and must not be used as evidence of qualification or competence.
- 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.
- I realise that it will be a breach of this membership contract to use any letters or to issue invoices or receipts for the purposes of private health care claims before being appropriately qualified. Appropriately qualified associate members continuing onto a second year of study may use the letters ACAR.
- If my membership subscriptions are not maintained, I am aware that 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 student membership fee the association administration team will send my Student Membership Certificate and registration number (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 the CAR website.
- I agree to CAR using of my contact details for membership related purposes.
- I confirm that I have attached the appropriate payment for Student Membership, which is £25.00. (*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.

### Associate Membership conditions:

- Associate Membership is available to students who are awarded a CAR accredited Therapist Diploma in reflexology following an initial year of study subject to those students continuing onto a second year of study. (Discounted for qualifying students at £35.00).

<b>Signed</b> _____	<b>Name:</b> _____	<b>Date:</b> _____
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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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8 Ramsey Close, Atherton, Manchester, M46 9EQ

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www.clinicalreflexology.org

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