

# FRIEND APPLICATION FORM

Name	
Address	
Country	
Email	
Telephone	
Website	

Are you applying as an individual  Yes  No

Are you applying as a non-Reflexology Organization  Yes  No

**If Yes to non-Reflexology Organization, please state:**

Name of Organization	
Position in Organization	

Are you applying as a Reflexology Organization outside of Europe?

Yes  No

**If Yes, please state:**

Name of Organization	
Country	
Position in Organization	

Are you a Qualified Reflexologist

( ) Yes

( ) No

**If Yes,**

When did you qualify?	
What school did you attend?	

**Please list any other Reflexology Organizations you are a member of:**

**Any other information or question:**

**SIGNATURE:**

**PLACE:**

**DATE:**

**Bank account number: NL33ABNA 0607546662**

**SWIFT/BIC code: ABNANL2A**

Address: Buikslotermeerplein, Postbus 36035, 1020 MA, Amsterdam, The Netherlands

*RiEN is registered at the Chamber of Commerce & Industry Amsterdam, The Netherlands Registration number 341 96106.*

