

Association of Reflexologists

Full Membership Application Form

If you are unable to tick one of the three options below, do NOT fill in this form. Please call our Training and Education Department on 01823 335371 and request further information about gaining eligibility for Full AoR membership. **All full members are required to undertake CPD** (Continuing Professional Development) - for further information see www.aor.org.uk or call 01823 335371.

- ここにチェックを入れる → AoR認定コースを修了しました (修了証のコピー同封)
- I have qualified on and AoR accredited course (copy of certificate enclosed)
- I have current Full membership (or eligibility to Full membership) of the IRI, SIR, SARS or IIR (proof enclosed)
- I have passed the AoR Confirmation of Professional Standards procedure CPS or RMCPS (copy of certificate enclosed)

Title (e.g. Mr/ Mrs/Miss/Ms/Dr):	Miss	Membership No. (if applicable): 会員番号	11111
First Name: 名	Hanako	Home Tel: 自宅電話番号	+81-3-5770-6818
Surname: 姓	Yamada	Mobile Tel: 携帯番号	+81-90-1234-5678
Address (including postcode):	4-13-17-A	Work Tel: 職場電話番号	+81-3-5770-6832
住所 (郵便番号) ※ 番地、区市町村、都道府県、国名の順	Jingumae,	E-mail address:	info@imsi.co.jp
	Shibuya,	Website address:	www.imsi.co.jp
	Tokyo	Date of Birth 生年月日	1977/04/26
	150-0001	Name of Training School: 学校名	THE INTERNATIONAL MEDICAL-SPA INSTITUTE
Japan	Qualification Date: 修了書発行日	2007/12/12	

Please indicate if you are a member of any of the following organisations:

- Irish Reflexologists Institute Scottish Institute of Reflexology South African Reflexology Society

How did you hear about AoR?.....

Full Membership Fees 正会員費 (Failure to enclose the correct fee will result in delay in processing your application.)
(送金額に間違いがあった場合、手続きに遅れが生じることがあります。)

UK (+EU countries) Full Membership Fee 英国・欧州域内在住者の正会員費	Non-EU countries Full Membership Fee 欧州域外在住者の正会員費
£71.00	£62.81

Very important: All applicants must tick one box below to confirm insurance status. AoR/Alan Boswell Insurance is only valid with active membership of AoR. Full members with non-AoR insurance are required to provide ongoing written evidence of current insurance cover, in order for us to maintain up to date records. If you have any queries about this, please contact us. If you would like AoR/Alan Boswell insurance please contact: Alan Boswell Group, High Street, Attleborough, Norfolk, NR17 2EH. Tel:01953 455600, Email:insurance@alanboswell.com, Website:alanboswell.com/aor

重要: 会員は必ず該当する項目にチェックを入れ、保険加入状況を確認してください。

I have my own current reflexology malpractice and public liability insurance which expires on / / I understand that failure to produce my insurance on request may result in the suspension of my membership. If your insurance is due to expire shortly, or at a later date to your membership, please either send written confirmation or a copy of your insurance certificate as soon as it arrives.	<input type="checkbox"/>
I am a Full member who live outside the UK. 私は英国外在住の会員です。→ ここにチェックを入れる	<input type="checkbox"/>
I already have AoR/Alan Boswell Insurance that expires on / / (The AoR will check this information directly to Alan Boswell)	<input type="checkbox"/>
I have applied for AoR/Alan Boswell Insurance and I have sent my renewal/application directly to Alan Boswell. I am aware that I will not be listed on the 'Find a Reflexologist' search until I am insured and the AoR are informed. (The AoR will check this information directly with Alan Boswell)	<input type="checkbox"/>

Please turn over

WEBSITE/PRACTITIONER'S REGISTER LISTINGS ウェブサイト/プラクティショナーリストへの登録

Please complete the following section if you wish your details to be listed on our website. **(NB: All website listings will have the first address line removed for security purposes. It is a requirement of these listings that all Full members must be insured at all times, and the AoR must have written confirmation of this. AoRのウェブサイトに私の詳細情報の掲載と施術者登録を希望します (注: 住所の最初の一行はセキュリティ上削除します。登録希望者は保険に加入している正会員であることが条件です。)**

Please list my details on the AoR website <input type="checkbox"/> AoRのウェブサイトに私の詳細情報を掲載を希望します
Preferred address (if different to home address): 掲載を希望する住所を記入してください (自宅住所と異なる場合)
Telephone No: 電話番号

If you have specified an alternative address, but would also like your main correspondence address to be listed, please tick this box.
上記の掲載希望住所と自宅住所、両方を掲載したい方はこちらにチェックしてください。

Do you provide mobile visits within your local area? Yes No
出張サービスはしていますか? はい いいえ

By opting to your detail in the "Find a Reflexologist" search, you permit the Association of Reflexologists to pass your name and contact details to persons and organisations who enquire about reflexologists. The Association of Reflexologists does not and cannot control who receives this information, and cannot be held liable for any matters arising from the provision of these details. Members are entitled to log in to the members area of the AoR website and update their details at any time (Please allow up to 5 working days for any changes made to appear within the "Find a Reflexologist" search facility). If you do not have access to the internet, then you may call central administration who will be pleased to update the record on your behalf. この"Find a Reflexologist"検索サービスに提供する情報に関し、ユーザー自身の自己責任において本サービスを利用するものとし、本サービスを利用してなされた一切の行為及びその結果について一切の責任を負います。

Checklist チェックリスト:

Please ensure your application includes (where appropriate):- 申請にあたり以下必要事項に漏れが無いことを必ずご確認ください。

- ◆ A photocopy of your ABC Level 3 Diploma AoR/AQA Certificate. - All other qualification will need to be referred to the Training and Education Department by calling 01823 335371. AoRコース修了証のコピー一部
- ◆ A Photocopy of your Full membership certificate (or proof of eligibility to Full membership) if a member of Irish Reflexologists Society, Scottish Institute of Reflexology or South African Reflexology Society. アイリッシュ・リフレクソロジスト・インスティテュート、スコティッシュ・インスティテュート・オブ・リフレクソロジー、南アフリカ・リフレクソロジー・ソサイエティのいずれかに会員登録されている方は、会員証のコピー
- ◆ A Photocopy of your CPS/RMCPS Certificate (if applicable). CPS/RMCPSのコピー一部 (該当者のみ)
- ◆ Relevant payment. 支払関係書類又は記入事項 (該当者のみ)

Payment can be made by 支払方法:

- ◆ Credit card or debit card - please fill in details クレジットカード 必要事項を記入してください。
- ◆ Cheques payable to: Association of Reflexologists. Association of Reflexologists宛小切手
- ◆ Postal Orders 郵便為替
- ◆ Please do not send post-dated cheques. 先日付小切手は受け付けません
- ◆ Please do not send cash, as we are unable to guarantee receipt. 現金を郵送しないでください。受け取り保証できかねます。
- ◆ Please note we only accept payment in pound sterling. 支払通貨は英国ポンド貨のみ受け付けます

I, the undersigned, hereby apply to join the ASSOCIATION OF REFLEXOLOGISTS. 私はthe ASSOCIATION OF REFLEXOLOGISTS(AoR)に加入申し込みします。	
I understand that my application is subject to consideration by the Board of the AoR whose decision is final and I agree to be bound by the AoR's Code of Practice and Ethics. 加入審査の最終決定権はAoR理事会にあることを承諾し、AoRの倫理綱領に従うことを同意します。	
I grant permission of my Membership Records to be held on computer for the purposes of handling membership, publishing the Practitioners Register, and mailing out Membership material. 会員情報の取り扱い、登録施術者リストの印刷、会員向け情報配信の目的のため、AoRが私個人の会員記録をコンピューターシステム上で管理することを許可します。	
I have up to 30 days to cancel my membership after which time no refunds will be given . Membership will then remain in force for the full 12 months. (A £5 administration charge is payable for all cancellations) 申込の取消、返金は30日以内までと了解し、以降返金は発生せず、会員登録は12ヶ月有効であることを了解します。(キャンセル料£5。)	
The Association of Reflexologists reserves the right to request an individual assessment if considered necessary. AoRが必要と判断した場合、AoRは第三者に個人の評価査定を依頼する権利を留保します。	
Signature 署名: Hanako Yamada.....	Date 日付: 2008/04/30.....

Card Holder Name: Hanako Yamada.....	カード所有者名
Card Number: □□□□□□□□□□□□□□	カード番号
Expire Date: □□/□□ Start Date: □□/□□ Issue Number: □□□□□□□□□□ (if applicable)	有効期限 発行日 発行番号 (該当カードのみ) Security Code: □□□□ (the last three digits on the signature strip)
I certify that the AoR is authorised to debit my credit/debit card for £..... AoRが記入金額を上記クレジットカードで支払決済する権限があることを認めるここに署名します。	
Signed 署名: Hanako Yamada.....	Dated 日付: 2008/04/30.....