

Please check your contact details. If any of the contact information is incorrect or incomplete, make the relevant corrections. If you are currently a full member and are not practising please contact the office as there may be a cheaper and more suitable membership type.



Renewal Invoice

Membership Number: 99999
Membership Category: Full Overseas
Name: Hanako Yamada
Address: 4-13-17-A
 Jingumae, Shibuya
 TOKYO
 150-0001
 Japan
Email: info@imsi.co.jp
Tel: 0081-3-5770-6818
Website:

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|--|------------|
| Membership Expiry Date 会員失効期日 | 31/03/2008 |
| Membership Fee (ex VAT) 年会費 (付加価値税抜き) | £62.81 |
| VAT on Membership Fee 付加価値税 | £ .00 |
| Total Amount Payable 合計金額 | £62.81 |

Please Note: The AoR reserves the right to alter rates without prior notice. Members that live in European Union countries are required to pay VAT.
Cancellation Policy: You have up to 30 days to cancel your membership after which no refunds will be given. (A ?5 admin charge applies to all cancellations)

注: 年会費は予告なく変更する場合がございます。予めご了承ください。
 欧州在住の会員は付加価値税が別途掛かります。
キャンセルポリシー: 支払い後30日間は払い戻し可。ただし、事務手数料として£5.00が発生します。

If you have any of the following reflexology specialisms please tick. These are the only specialisms we recognise at present. We are unable to add any new specialisms. Please note: You must have treated a minimum of 20 clients in each specialism in order to have it listed. **You are allowed a maximum of 5 specialisms.**

以下のリストから、リフレクソロジーにおいて専門としている分野がありましたら最大5つまで選択してください。ただし専門とは、20人以上のクライアントに対して実績があることを条件とします。

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|--------------------------------------|---------------------------|--|--------------------------------|--------------------------|
| ART (Regd) アドバンス・リフレクソロジー・テクニク | Cystic Fibrosis 嚢嚢性線維症 | Fertility 不妊 | Menopause 更年期障害 | Strokes 脳梗塞 |
| Asthma/Eczema 喘息・湿疹・アトピー性皮膚炎 | Depression うつ | Hand Reflexology ハンドリフレクソロジー | MS メニエル症候群 | Stress ストレス |
| Auricular Therapy 耳介セラピー | Diabetes 糖尿病 | IBS 過敏性腸症候群 | Parkinson's Disease パーキンソン病 | Substance Abuse 薬物乱用 |
| Babies and Children 乳幼児と小児 | Digestive System 消化器系 | Intuition and Sound インテュイションアンドサウンド | Pregnancy 妊娠 | Thyroid 甲状腺 |
| Cancer がん | Elderly 老人 | Lupus 狼瘡 | Psoriasis 乾癬 | Tinnitus 耳鳴り |
| Crohn's Disease クローン病 | Epilepsy てんかん | ME/ CFS 筋痛性脳脊髄炎/慢性疲労症候群 | RSI 反復性ストレス障害 | VRT ヴァーティカルリフレクソロジー |
| Facial Reflexology フェイシャルリフレクソロジー | Autism 自閉症 | Arthritis 関節炎 | Learning Difficulties 学習障害 | Gentle Touch ジェントルタッチ |

Very important: All members must tick one box below to confirm insurance status. AoR/Alan Boswell insurance is only valid with active membership of the AoR. 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 further 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: www.alanboswell.com/aor

I have my own current reflexology malpractice and public liability insurance which expires on the / /
 I understand that failure to produce my insurance on request will mean that the AoR can suspend 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.

I am a Full member who lives 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

I already have AoR/ Alan Boswell Insurance that expires on / /
 (The AoR will check this information directly with Alan Boswell)

I have applied for AoR/ Alan Boswell Insurance and I have sent my renewal/application directly to Alan Boswell.

I understand that I am required to provide ongoing written evidence of my current insurance cover and that failure to do so may result in the removal from the Find a Reflexologist listing.

Signed:署名

Dated:日付

SAMPLE

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
 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。

Card Holder Name..... Hanako Yamada カード所有者名
 Card Number / / / / / カード番号 Expirey Date 有効期限 / Start Date 発行日 /

Issue Number (if applicable) Security Code (the last three digits on the signature strip)
 発行番号 (該当カードのみ) セキュリティー番号 (カード裏面のサイン欄にある番号の末尾 3桁)

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ここに署名します。

Signed 署名..... Hanako Yamada Dated 日付..... 2008/04/30

Membership Number 99999