



PO Box 85 Inglewood,  
Caledon, ON L7C 3L6

## RRCO MEMBERSHIP RENEWAL FORM

Date: \_\_\_\_\_ Member #: \_\_\_\_\_  
Name: \_\_\_\_\_ Expiry Date: \_\_\_\_\_  
Address: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone: \_\_\_\_\_

I would like to be included in the RRCO's Online Find a Reflexologist Program:  Yes  No

I require a Licensing Letter:  Yes  No

Please charge my credit card:

Credit Card Type:  Visa  Mastercard

Name on Credit Card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiry Date: \_\_\_\_\_

CVV Code: \_\_\_\_\_

I prefer to pay by cheque (made payable to RRCO)

Renewal fee is \$90.00 (additional \$30 late fee required if paying after expiry date). No post-dated cheques please.

Email completed form with credit card details to [treasurer@rrco-reflexology.com](mailto:treasurer@rrco-reflexology.com) or mail (please allow enough time for Canada Post to deliver mail prior to expiry date) completed form with credit card details or cheque to:

**RRCO Head Office**  
**PO Box 85 Inglewood**  
**Caledon, ON L7C 3L6**

\_\_\_\_\_  
Signature