

American Reflexology Certification Board



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Annual Fee for January 1 – December 31, 2015

CERTIFICANT INFORMATION FOR WEBSITE PROFILE:

Name: _____ Certification #: _____

Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____

Country (if outside the USA): _____ E-mail: _____

Phone: _____ Website: _____

Mailing Address (if different): _____

- I do not wish to be on the practitioner referral list
- I do not want my profile shown on the website

Enclosed check or money order.

Visa Mastercard

Card # _____ Expires MM/YY _____

CCV (Security) Code: _____

Signature: _____ Date: _____

Submit this form and payment to the ARCB office at the address shown above by January 31, 2015.

Office
Use
Only

Check # _____ CC Verif # _____ QB F E C A