

# REIKI ASSOCIATION (WA) INC.

## Membership Application Form

### Contact Details - please print

Name	_____	_____
Address	_____	Postcode _____
Phone	_____	Mobile _____
Email	_____	

### Level of Reiki Certification – indicate date and initiating Teacher’s name

Reiki 1	_____	Teacher	_____
Reiki 2	_____	Teacher	_____
Teacher	_____	Teacher	_____

### Photocopy (ies) of Certificate must be attached

**Please outline your Reiki Lineage (as much as you know) on the back of this form**

### Application for:

Associate Member	<i>Uncertain about standard of qualification</i>	Yes
Private Practitioner Member	<i>Treat self, family, friends</i>	Yes
Public Practitioner Member	<i>Work in public/professional practice</i>	Yes

### Please attach payment: Annual Membership Fee - \$25

\* Cheques & Postal Orders payable to **“Reiki Association (WA) Inc”**

\* Request credit card (Visa & Mastercard) via PayPal

\* Bank deposit – Westpac – Reiki Association (WA) Inc –BSB 036-034 - Acct. 23-6876

Your application will be considered, and finalised by the issuing of your **“Membership Certificate,”** which will be posted to your address

Membership is valid until December 31<sup>st</sup> of the current year, and must be renewed each year, by request, and payment of the Annual Fee

Any questions may be directed to the Membership Officer:

P.O Box 645

Cottesloe WA 6911

Phone 89 384 2344

[www.reikiassociationwa.com](http://www.reikiassociationwa.com)

[reikiassociationwa@yahoo.com.au](mailto:reikiassociationwa@yahoo.com.au)

### Please indicate for:

Practitioner Referral List	Yes / No
Teacher Referral List	Yes / No
Public Liability Insurance application / proposal	Yes / No

**I accept the Association’s “Code of Ethics” and “Code of Practice”,  
and agree to be bound by the “Rules of the Association”**

(Signature)

### Office Checklist:

Application – Certification – Membership level – Number & Date – Referral(s) – Insurance - Advised