



REIKI AUSTRALIA
In Touch

Office use only
Member #..... Invoice #..... Date.....

Membership Application

To ensure accuracy of your details please print clearly

One-off joining fee of \$35 due with application. You will receive an invoice for your category of membership.

Name:.....

Address:.....

Suburb:..... City:..... P/C.....

State:..... Country:..... D.O.B.(optional):.....

Tel: W..... H..... Mob.....

Fax:..... E-mail:.....

**If you don't own an E-mail account we encourage you to ask a friend or family member to either receive email correspondence on your behalf OR to establish a free hotmail, gmail or yahoo account for you. An increasing percentage of our information is now distributed via email to conserve money, trees and human resources. We are no longer able to provide a printing and postage service to members without email.*

Section A Details of Reiki training

Reiki Australia honours the lineage bearers and founders of practices as the authority for their own practice; each practice has its own descriptions and guidelines. In Reiki Australia, we honour the place of each form of practice.

Were you physically present with the Reiki master giving the initiation/s? Yes No
This requirement is applicable for practitioner and master membership categories

Many people have received training in more than one form of Reiki practice. Please include details of all training in Reiki you have received and add an additional page if necessary.

Level	Date initiated	Reiki Teacher/Master	Form/Practice of Reiki

The details of my lineage of initiation, beginning with Mikao Usui, are as follows:

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I wish to apply to become a member of REIKI AUSTRALIA in the following category:

Please refer to the yellow information sheet 'Membership Categories & Fees' and the tables on 'Benefits & Requirements' for clarification.

- Lay Reiki Practice Member** (Complete all Sections)
- Reiki Practitioner** (Complete all Sections)
- I would like to register my interest for **Accredited Reiki Treatment Practitioner***
- Reiki Master** (Complete all Sections)
- Combined - Reiki Practitioner & Reiki Master** (Complete all Sections)
- Reiki Friend** (Complete Section D, E & F only)

Section B Details of professional development

1. Are you already established in a public/professional practice of Reiki? No
 Yes, please specify where? e.g. home, clinic.....
2. ABN and Business name *if applicable*.....
3. Do you hold current public liability and professional indemnity insurance for the Practice of Reiki?
 Yes, please specify Insurance company name:.....
Policy No:*Expiry Date:*.....
 No, Please send me an insurance application form (Practitioner & Master only)
4. Are you qualified in other health related professions? No Yes
 Nursing Massage Naturopathy Homeopathy Psychology Counselling
 Other.....

Website listing particulars: *applicable only to Reiki Practitioner and Reiki Master categories.*
Visit Reiki Australia's website directory listing for reference. Please print clearly.

State:Post Code:.....Location:.....
Name:.....
Business Name:.....
Form/Branch/Style of Reiki Practice.....
Phone No 1:Phone No 2:
Email:.....
Your website URL: http://www.....

Section C Supporting documentation

I enclose the following documents to support my application:

- Copies of my Reiki Certificate/s - *applies to Lay Reiki Practice Member*
- JP Certified** copies of my Reiki Certificate/s – *Reiki Practitioner & Reiki Master*
- Copy of Insurance Certificate of Currency or policy number – *Reiki Practitioner & Reiki Master*

Section D Agreement

I understand that my eligibility for membership is dependant on this application and relevant supporting information being accepted and on my agreement to uphold Reiki Australia’s Mission, Vision, Values and Aims.

I agree to uphold Reiki Australia’s Mission, Vision and Values* and support the following organisational Aims:

- Promotion of Reiki as a spiritual practice and healing art
- Community connection and enrichment for Reiki practitioners and masters
- Professional development for Reiki practitioners
- Integration of Reiki into mainstream facilities

I agree to abide by the Codes* which are specified in the category of membership for which I am applying.

- I confirm that I have read the Code of Ethics, applicable to ALL Reiki Australia members.***
- I confirm that I have read the Code of Professional Conduct, applicable to Reiki Practitioner category.***

Signature: **Date:**.....

Please print name in full:.....

*** Mission, Vision and Values, Code of Ethics and Code of Professional Conduct are enclosed under separate cover**

Section E Participation

Particular interests sought through Reiki Australia Membership; please tick as many as applicable

- Insurance Reiki community connection Industry representation
- Professional Development Keeping abreast of Reiki related issues/events
- Networking Other.....
- I am interested to be active and involved in the organisation – please contact me for further information

Section F General information

How did you find out about Reiki Australia?

- Friend/Colleague Initiating Reiki Master Yellow Pages Website
- Advertising, in which publication?.....
- Other.....

