



# Membership Form

Name:

Address:

Telephone Landline/Mobile:

Email Address:

Type of Reiki Practising:

Level:

Date of Certification:

(please attach copy)

Type of Attunement and Training: Distance Yes/No In Person Yes/No (please circle)

CDP Form Attached: Yes/No

(Only applicable for renewals)

Paypal Payment Email Address:

Do you want your details on the reiki practitioner's online directory? Yes/No

I will abide to the code of ethics

Signature:

Anything you would like us to know? You can use this space