



REIKI AUSTRALIA  
*In Touch*

<b>Office use only</b>
<b>Member #.....</b> <b>Invoice #.....</b> <b>Date.....</b>

### 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.(Year optional):.....

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

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

***If you don't have an E-mail account we will fax or post notices and letters to you (approx. 30 per year)  
An additional fee of \$22 applies for this service.***

#### **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 system 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 system of Reiki practice. Please include details of all training in Reiki you have received and add an additional page if necessary.***

<b>Level</b>	<b>Date initiated</b>	<b>Reiki Teacher/Master</b>	<b>System/Practice of Reiki</b>

***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/Teacher** (Complete all Sections)
- Combined - Reiki Practitioner & Reiki Master/Teacher** (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/Teacher 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 & Master/Teacher*
- Copy of Insurance Certificate of Currency or policy number – *Reiki Practitioner & Master/Teacher*

**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.***

**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.....