

Membership Application Form

Name:	<input type="text"/>
Address:	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
City:	<input type="text"/>
Country:	<input type="text"/>
Phone:	<input type="text"/>
Mobile:	<input type="text"/>
Email:	<input type="text"/>

What Level(s) Reiki Do You Have:

Reiki 1

Reiki 2

Reiki 3

Do You Practice Reiki Professionally?

Do You Offer other therapies or special skills to share, if "Yes" please give details:

What is Your Occupation:

Written Declaration: "I have read and agree to abide by the RAI Code of Ethics and Constitution"

Signed: _____

Please forward copies of your Reiki certificates, your Reiki Lineage, plus your subscription to:

Reiki Association of Ireland,
29, Lifford Gardens,
South Circular Road,
Limerick.

Your Details will be kept on file until such files
have been received.

Annual Subscription

Individual Membership : €50.00