



GENDAI REIKI NETWORK MEMBERSHIP APPLICATION FORM

Please email: global@gendaireiki.network

Name:

First

Middle

Last

Address:

Street Address

Unit/Apt number

City

State/Prefecture

Country

Postal code

E-mail:

Cell Phone:

❖ Please check the type of membership you are applying for.

Master Member: For Gendai Reiki Masters who support our principles and objectives. Please attach your Gendai Reiki master certificate and lineage. Additionally, please read the attached International Common Standards for Gendai Reiki Masters set forth by Hiroshi Doi Sensei and answer the question below.

Practitioner Member: For Gendai Reiki practitioners of all levels who support our principles and objectives. Please attach your Gendai Reiki level certificate and lineage.

Regular Member: For Reiki practitioners of all lineages except Gendai Reiki, as well as non-Reiki practitioners who support our principles and objectives.

Supporting Member: For individuals and organizations (including non-Reiki practitioners and non-Reiki-related organizations) who support our principles and objectives. The organization must be ethical.

❖ Do you comply with the International Common Standards for Gendai Reiki Masters? Yes No

❖ Please write your training lineage below (For Master and Practitioner membership applicants only):

Hiroshi Doi -

❖ Please answer the questions below (Master membership applicant only):

➤ Did you receive your attunements in person (face-to-face)? Yes No
(If no, how? _____)

➤ Did you learn Gokai (Five Precepts)? Yes No

➤ Do you keep them in mind every day? Yes No

➤ Please draw all the symbols you learned and write how to pronounce them on a separate paper.

APPLICATION/ENROLLMENT AGREEMENT

1. I agree with and support the principles and objectives of the Gendai Reiki Network.
2. I commit myself to promoting a happy, healthy, and harmonious society.
3. I adhere to the terms, conditions, and regulations established by the Gendai Reiki Network.
4. I comply with all relevant laws and regulations concerning medicine and other health services.

Signature:

Date:

FOR OFFICE USE ONLY

App received	Certificate	Lineage	Payment	Issued