



GENDAI REIKI NETWORK MEMBERSHIP APPLICATION FORM

Email to: global@gendaireiki.network

Name:

First

Last

M.I.

Address:

Street Address

Unit/Apt number

City

State/Prefecture

Country

Postal code

E-mail:

Cell Phone:

A master member only: Would you like to be listed on the referral page on the GRN website? : Yes No

If YES, please list your website URL:

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

- Master Membership: For Gendai Reiki Masters who support our principles and objectives. A Gendai Reiki master certificate and lineage must be attached.
- Practitioner Member: For Gendai Reiki practitioners of all levels who support our principles and objectives. A Gendai Reiki level certificate and lineage must be attached.
- Regular Membership: For Reiki practitioners of all Reiki lineages except Gendai Reiki and non-reiki practitioners who support our principles and objectives.
- Supporting Membership: Individuals and organizations (including non-Reiki practitioners/non-Reiki related organizations) who support our principles and objectives. The organization must be an ethical one.

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

Mikao Usui - Kan-ichi Taketomi - Kimiko Koyama - Hiroshi Doi -

❖ Please answer the questions (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 symbols you learned and write how to pronounce them in a separate paper.

APPLICATION/ENROLLMENT AGREEMENT

1. I agree and support the principles and objectives of Gendai Reiki Network.
2. I dedicate myself to help build a happy, healthy, and harmonious society.
3. I abide by the terms, conditions, and regulations set by Gendai Reiki Network.
4. I understand and abide by the International Common Standards for Gendai Reiki Masters set forth by Hiroshi Doi.
5. I abide by laws and regulations concerning medicine and all other health services.

Signature:

Date:

FOR OFFICE USE ONLY

Received	Reviewed	Payment	Membership #	Issued