GENDAI REIKI NETWORK MEMBERSHIP APPLICATION FORM

Please send this to: global@gendaireiki.network

Name:

Given name *Middle* *Family name* *中文姓名*

Address:

Street Address *Unit/Apt number*

City *State/Prefecture*

Country *Postal code*

E-mail: Cell Phone:

Your master's name: Your mater's email:

❖ 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. Please read the attached International Common Standards for Gendai Reiki Masters set forth by Hiroshi Doi Sensei and the GRN.

☐ Practitioner Member: For levels I to III Gendai Reiki practitioners 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 -

❖ Did you receive your classes in person (face-to-face)? ☐ Yes ☐ No

If not, how? _____

❖ Did you use the official manuals in your Gendai Reiki class? ☐ Yes ☐ No

If not, what did you use? _____

❖ Did you learn Gokai (Five Precepts)? ☐ Yes ☐ No

❖ Do you keep them in mind every day? ☐ Yes ☐ No

APPLICATION/ENROLLMENT AGREEMENT

1. I acknowledge and uphold the principles and goals of the Gendai Reiki Network.
2. I am dedicated to fostering a society that is happy, healthy, and harmonious.
3. I abide by the terms, conditions, and guidelines set forth by Hiroshi Doi Sensei and the Gendai Reiki Network.
4. I adhere to all applicable laws and regulations related to medicine and health services.

Signature: Date:

Office use only

Application	Training	Payment	Certificate