



GENDAI REIKI NETWORK MEMBERSHIP APPLICATION FORM

Please send this to: global@gendaireiki.network

Name:

First

Middle

Last

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 master'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 level 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. Please provide the total of three (3) Gendai Reiki Masters from your group who will participate in this membership, along with copies of their Master Certificates.

Name: Email:

Name: Email:

Name: Email:

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

❖ 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 about Gokai (Five Precepts)? Yes No

❖ Did you learn about Anshin Ritsumei? 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: _____

Please attach your Gendai Reiki master certificate.