



Reiki Federation Ireland

many paths, one voice.

RENEWAL MEMBERSHIP APPLICATION FORM

CRITERIA FOR MEMBERSHIP:

1. Application for membership of RFI shall be open to any person who is initiated into Reiki, in the presence of a Reiki Master.
2. Members shall agree to abide by the Constitution of RFI including its appendices by signing the declaration below. All applications for membership shall be submitted to the Committee for its approval.
3. **Copies** of all Reiki initiating certificates to be sent with completed renewal of membership form, **only if changed since original application.**
4. Membership fee **€75.00** to be enclosed with completed application form.
5. Copy of current insurance certificate when available (necessary for inclusion on the Practitioner Listing).
6. Membership renewal due one calendar year later.

SECTION 1 - PERSONAL DETAILS (*PLEASE USE BLOCK CAPITALS)

Name: _____	Sex M <input type="checkbox"/> F <input type="checkbox"/>
Address: _____	Telephone No. : (w) _____ (h) _____
E-Mail: _____	Mobile No. : _____
Occupation: _____	Date of Birth: Day / Month / Year.
Membership Number: _____	

SECTION 2 - REIKI TRAINING (*ONLY DETAILS & COPY CERTIFICATES OF TRAINING UNDERTAKEN SINCE LAST RENEWAL WITH RFI REQUIRED)

Level	Date Attuned	Reiki Teacher / Masters Name	Duration of Training	Type of Reiki

SECTION 3 - PRACTITIONER LISTING (FOUND AT www.reikifederationireland.com/Practitioners/MainList.html)

Insurance Co. / Provider _____	Insurance Expiry Date _____	PLEASE ATTACH COPY INS. CERT.
Please indicate by ticking the appropriate box if you would like to be listed as Practitioner <input type="checkbox"/> Teacher <input type="checkbox"/> Both Practitioner & Teacher <input type="checkbox"/>		<i>(Please note that your insurance certificate must specify if you are covered for teaching in order for you to be listed as a Teacher)</i>
Please Specify the information you would like displayed in the following categories:		
Name: _____		
Location: Please specify the area(s) you wish to be listed under – A maximum of 2 listings allowed (e.g. Wicklow, Dublin South) _____		
Contact details (telephone and / or email and / or website): _____		

HOW DID YOU HEAR ABOUT RFI? _____

I hereby confirm that I have received, read and understood Reiki Federation Ireland Constitution (2010) including its appendix, Code of Ethics, Code of Practice, Complaints Procedure Format and Teaching Guidelines and by my signature agree to abide by them. I further declare that I have no criminal record that might prejudice the interest of clients and I have not been refused membership of any professional body or register in a related field on the grounds of professional misconduct and have no such complaints pending. Disclosure of any relevant pending criminal, investigatory proceedings or enquiries should be made on a separate sheet attached to this application.

Signed: _____ Date: ____/____/____

Please Forward To:

Membership Secretary
 Reiki Federation Ireland,
 P. O. Box 11625,
 Dublin 6

Phone: 087 9819366

Checklist For Enclosures:

If you want to pay by Paypal, please contact us

Postal Order Cheque No. _____
 Made payable to Reiki Federation Ireland in full payment of €75.00

Reiki Certificates
See no. 2 in Membership Criteria above

Evidence of insurance (Practitioners only)

* Please do not send cash in the post.

OFFICE USE ONLY

DATE RECEIVED: _____

RECEIPT NO. _____

AMOUNT RECEIVED: € _____

EXPIRY DATE _____

MEMB NO: _____

BANK REF: _____

BOOK IT:

CDESK: