# 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:**

**Address:**

**E-Mail:**

**Occupation:**

**Membership Number:**

**Sex** **M** ☐ **F** ☐

**Telephone No. : (w)** **(h)**

**Mobile No. :**

**Date of Birth:** **Day** / **Month** / **Year.**

### 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 ☐ Teacher ☐ Both Practitioner & Teacher ☐

*(Please note that your insurance certificate must specify if you are covered for teaching in order for you to be listed as a Teacher)*

**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:**

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

* Please do not send cash in the post.

☐ Reiki Certificates
**See no. 2 in Membership Criteria above**

☐ Evidence of insurance (Practitioners only)

**OFFICE USE ONLY**

DATE RECEIVED: _____
RECEIPT NO. _____
AMOUNT RECEIVED: €_____
EXPIRY DATE _____
MEMB NO: _____
BANK REF: _____

BOOK IT: ☐
CDESK: ☐