



**5328 12th Avenue South
Seattle, WA 98108
(206) 947-7687**

APPLICATION FOR PROFESSIONAL MEMBERSHIP (\$40)

Applicant
Name: _____ Date: _____

Address: _____

Telephone: _____ (day/eve) _____ (email)

Which program are you applying for (circle one):
State Registered Reiki Practitioner
State Registered Reiki Master

Did you complete this program? Yes/No

If yes, what month/year did you graduate? _____ If no, when do you intend to complete? _____

Membership in the Reiki Training Program is evaluated on the basis of a student's intentions with the work they will be or are now doing in the Reiki community.

Briefly describe what type of Reiki work you have been doing or will be upon completion of the program:

Please return this form along with your \$40.00 membership fee payable to The Reiki Training Program. Mail to the address listed above. If you wish to use Paypal through the website, a \$5 processing fee will be charged for the transaction.