

Australasian Usui Reiki Association Inc.

Registration number A0043255J



APPLICATION FORM

ASSOCIATE LEVEL

Any person or organisation is eligible to become an Associate of AURA.

Please circle the relevant application option: Individual Organisation

Organisation name and industry: _____

Full name: _____

Home address: _____

Postal address (if different): _____

E-Mail address (optional): _____

Phone numbers: Home _____ Work _____ Mobile _____

Date of Birth (optional): ____ / ____ / ____ Occupation (optional): _____

INDIVIDUAL APPLICANT - FURTHER DETAILS

Q1 Have you been trained in any healing modalities? Yes No

Q2 If yes to Q1 – What healing modalities have you been trained in? _____

Q3 If yes to Q1 – Who were you trained by and to what level? _____

Q4 Are you interested in being trained in Reiki? _____

I (print name) _____ hereby apply to become an Associate of the Australasian Usui Reiki Association. I agree to comply with the Association By-Laws. I certify that all information on this application is true and correct.

Applicant Signature _____ Date _____

Under no circumstance will AURA pass on your personal information to others. If you wish to receive further health information from time to time please tick the box. Yes, please send me health information.

Please ensure that the following items are enclosed with this signed application form:

- o Application Fee of \$20;
- o Annual Membership Fee of \$20;
- o Photo (passport size or electronic copy) to be used for distant healings;
- o If you have been trained in any healing modalities, then a certified copy of the relevant training certificate(s).

PAYMENT CAN BE MADE BY MONEY ORDER OR CHEQUE (MADE OUT TO THE AUSTRALASIAN USUI REIKI ASSOCIATION).
MEMBERSHIP YEAR IS 01 JULY TO 30 JUNE EACH

For further information you may contact us on 03 9568 1777.

Please Mail your application form to:

The AURA Secretary, PO Box 123, Oakleigh, VIC 3166.