

Australasian Usui Reiki Association Inc.

Registration number A0043255J



APPLICATION FORM

MEMBER LEVEL

Membership at the Member level is assessed individually, according to the rules stated in the By-Laws

Full name: _____

Home address: _____

Postal address (if different): _____

E-Mail address (optional): _____

Phone numbers: Home _____ Work _____ Mobile _____

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

Q1 Date of Reiki training: Reiki 1 _____ Reiki 2 _____ Reiki 3/Masters _____

Q2 What is your Reiki lineage (list of unbroken line of teachers tracing back to Dr Usui)? _____

Q3 Did you receive hands-on attunements? Yes No

Alternatively, are you a Karuna Reiki® Master? Yes Date of Master Training: _____

I (print name) _____ hereby apply to become a Member 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 \$40;
- o Photo (passport size or electronic copy) to be used for distant healings;
- o Copies of Reiki training certificates;

Payment can be made by money order or cheque (made out to the Australasian Usui Reiki Association).

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

Membership year is 01 July to 30 June each year.

Please Mail your application form to:

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

☺ We welcome your application for membership. ☺