

JIKIDEN REIKI ASSOCIATION MEMBERSHIP APPLICATION

The JIKIDEN REIKI ASSOCIATION requires all prospective members (or members applying to upgrade their Membership Category) to submit documentation confirming their completion of Jikiden Reiki training and certification by the Jikiden Reiki Institute (Jikiden Reiki Kenkyukai) in order to determine an applicant's membership category. (See JIKIDEN REIKI ASSOCIATION MEMBERSHIP REQUIREMENTS)

I hereby apply to the JIKIDEN REIKI ASSOCIATION for:

New Membership - OR -  Renewal of Membership - OR -  Upgrade of Membership Category

Applicant Information:

Full Name: \_\_\_\_\_

Membership # (if applying for an upgrade of Membership Category): \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

PLEASE INDICATE:  
 I have read, understand and agree to abide by the JIKIDEN REIKI ASSOCIATION Code of Ethics  
 Please include my contact information in any listing of qualified practitioners and/or Jikiden Reiki Teachers of the JIKIDEN REIKI ASSOCIATION for public information in printed or email form  
 Please include my contact information in any listing of qualified practitioners and/or Jikiden Reiki Teachers of the JIKIDEN REIKI ASSOCIATION for public information on the web

I have attached the required documentation to support my application for the following Membership Category:

- Level 1 (Shoden) Practitioner
- Level 2 (Okuden) Practitioner
- Assistant Teacher (Shihan Kaku)
- Teacher (Shihan)
- Teacher (Dai Shihan)

I have attached or have emailed scanned copies of my:(Indicate all as applicable)

- Jikiden Reiki Training Certificate(s)
- Jikiden Reiki seminar attendance card/passport

I have read the Jikiden Reiki Association Code of Ethics and agree to abide by it.

- Yes
- No

I have read the Jikiden Reiki Association By Laws. and understand that by joining the JRA I accept them.

- Yes
- No

I submit this application to the JIKIDEN REIKI ASSOCIATION for the purpose of processing this application only. All information provided will be held in strict confidence. Release of my contact information will only be appropriate only as approved above.

Practitioner/Teacher Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please send to: JIKIDEN REIKI ASSOCIATION, 4509 S. Roxbury St., Seattle, WA 98118, US  
or email a scanned copy to or any questions about application to <mailto:info@jikiden.org>

Annual dues 50 USD for Shihans [Dai Shihan, Shihan, Shihan Kaku] 25 USD Jikiden Practitioners [Shoden/Okuden] payable by Mar 1 of each year. . Send us your email address. And we'll send you a PayPal invoice.