



REIKI KYOKAI KAN

Membership application form

ATTACH
PHOTO
HERE

Please attach photo here and send an additional photo for your membership ID badge

NAME	
ADDRESS	
ADDRESS LINE 2	
ADDRESS LINE 3	
E-MAIL	
CONTACT NUMBER	
D.O.B	

I..... confirm I have read, understood and agree to adhere to Reiki Kyokai Kan Codes of Ethics and Practice and Standards. I also confirm that all the information and documents I have provided are genuine and correct.

Signed Date

Print Name.....

FOR ADMIN ONLY: