

Central New York Reiki Association
Membership Application Form

This is a (choose one): NEW Membership _____ Renewal _____

Full Name (for certificate): _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Level of Reiki Training (*include year of highest training and teacher's name*)

You must submit a copy of your Reiki Certificate if you are 1) a new member or 2) renewing and have taken additional training since you joined. Please note that all training must be done with a Reiki Master in person.

I Offer Sessions
 Teach Classes

I agree to abide by the CNYRA Code of Ethics and Standards of Practice _____
(*please initial above. Documents can be view at www.cnyreikiassociation.com*)

Dues:

Your membership will be valid for the term you choose (below):

\$90 9/1 – 8/31

\$50 3/1 – 8/31

Payment Instructions:

Make check/money order out to “Mary Riposo” & mail with a copy of your Reiki Certificate to:

CNY Reiki Association
c/o Mary Riposo
6499 E. Seneca Tpke #142
Jamesville, NY 13078

Once you have paid your dues and submitted your valid Reiki Certificate, your membership certificate and packet will be sent to you in the mail. Thank you for joining the Central New York Reiki Association!