



Membership Application

Last Name		First Name		Middle Initial
Date of Birth		Home Number	Cell Number	
Email				
Address				
City		State	Zip Code	
Reiki Level	How long have you been practicing Reiki?			
How did you hear about the San Diego Reiki Corps?				
Why did you learn Reiki?				
From whom did you learn? (Include teacher's name, email address and telephone number)				
Occupation, Other Healing Arts / Training / Certificates				
<p align="center">Website Information</p> <p align="center">(If you want your information on the San Diego Reiki Corps website please complete the information below) Please note the information provided needs to be relevant to Reiki)</p>				
Name				
Style of Reiki (eg. Usui or Karuna or Jikiden etc)				
Title (eg. Reiki Practitioner or Reiki Master Practitioner or Reiki Master Teacher and Practitioner)				
Email				
Credentialed Organization (eg CEU Provider" BRN # xxxxxx)				
Website (Max of two – One for business and one for Meetup)				

Signed: _____ Date: _____

Annual Membership dues are \$30. Please make checks payable to SDRC.

(The SDRC is a Nonprofit 501(c)(3) Corporation. Your annual dues may be tax deductible.)

For Additional questions or comments, please contact us directly on our website www.SanDiegoReikiCorps.org

Return this form via email Membership@SanDiegoReikiCorps.org Include a copy of your Reiki Certificate

Pay your membership dues online via the donate button on the membership page:

<http://sandiegoreikicorps.org/index.php?content=members#join> OR mail form together with your annual dues:

SDRC 3231-C Business Park Drive, # 213, Vista, CA 92081

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