

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) a renewing member & have taken additional training since joining. Please note: all qualifying training must be taken with a Reiki Master.

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:

Check/money order: Make out to “Mary Riposo” & mail to:

Mary Riposo

PO Box 252

Fayetteville, NY 13066

For credit card payments, contact Mary Riposo at 315-416-7270 (call/text)

*Make sure to include a copy of your Reiki Certificate if you're a new member or renewing member who has taken additional training since last year.

*Once you have paid your dues (and submitted your valid Reiki Certificate if a new member), your member certificate & packet will be sent to you.

Thank you for joining the Central New York Reiki Association!