

**2015 Application to Join
The Reiki Association of Southern Africa - RASA**

Surname: _____

First Names: _____

ID No: _____

TEL: Home: _____ Work: _____

Cell: _____ Email: _____

Masters full name(s) and Signature: _____

Contact details of Reiki Master/s: _____

Dates of completion of - Attach Certificates:

Advanced Reiki: _____

Masters: _____

Karuna® Reiki: _____

Lightarian™ Reiki™ (Level Six): _____

Seichim© Reiki: _____

Jikiden: _____

Crystal Healing: _____

Other RASA Electives: _____

Postal Address: _____

Physical Address: _____

Do You Practice Reiki Full Time? : _____

Other Services offered: _____

I have met all the standards outlined herein and I agree to abide by all the rules of the Association and the RASA Code of Ethics. I acknowledge that - should the association receive valid complaints about me or should I in anyway whatsoever bring RASA or Reiki into disrepute - RASA have the sole discretion to de-register me. I have read the Code of Ethics on www.reikiassociation.co.za

Signed: _____ Date: _____

Fees

Membership: R 300.00 Joining Fee – Lifetime Membership Fee

RASA Web Site Registration: R 50.00

RASA Web Site Annual Listing Fee R 150.00 p.a.

RASAP to Master Upgrade RASAMP R 200.00

RASAMT: Master Teacher Web Site Annual Listing Fee R 1 500