



Master Teacher Membership Application

Please complete this form and return it to info@reikitrainingni.com as an attachment. Reiki Training NI will verify the details and will then contact you to confirm your membership and subscription fee.

Name:	
Address:	
Contact Telephone No:	
Email Address:	
Dates of Reiki Training: -	
Who is/are your Reiki Master(s)?	
Please give details of your lineage (if not trained by Debi Barr of Reiki Training NI)	
How long have you been practising Reiki?	
Why do you wish to become a member?	