

PROVINCE

HST

Membership Application for Supportive Member Level

24-2350 New Street, Burlington, ON L7R 4P8
T: 1.800.835.7525 or 604.669.9049 ~ F: 1.866.734.4540
Internet: www.reiki.ca ~ E: reiki@reiki.ca

Office Use					
Date					
Received://					
MM DD YY					
Membership					
Number:					
Amount Rec'd \$					
· 					

5%

SASK

Membership Year: August 1st – July 31st Membership Fee: \$35.00 + hst

13%

Please Note: An administrative fee of \$10.00 will be applied to all refunds

15%

All payments must include HST								
Alberta	BC	Manitoba	NB	NL	NWT	NS	١	

First Name:	Last Name:				
Address:					
City:	Province:	Postal Code:			
Home Phone:	Office Phone:	Fax:			
Email:	Web:				
may be attuned to Reiki a Association and wish to be	and not practicing at this time. They do a part of the movement. Supportive Mem	may not be attuned to Reiki or the member support the efforts of the Canadian Reiki bers need not sign the CRA Code of Ethics ve no voting rights nor will they hold a			
Supportive Members need not practice Reiki.	ot sign the CRA Code of Ethics or the I	Disciplinary Action Policy Form, as they			
The Canadian Reiki Associa your application and membe		of support and wishes to thank you for			
	ou to an online copy of our newsletter volumes you for \$15.00 available to purchase the	which is produced four (4) times a year. hrough our online store.			
on-line newsletter will be archived a	bmissions become the property of the C.R.A. for and available to the public for viewing. By submit to the general public via the C.R.A website for an	tting an article to the C.R.A. for publication, you			
Signature:	nature: Date:				

The CRA Board of Directors reserves the right to refuse any application for membership and is not bound to provide an explanation of their decision.

Revised: October 2, 2016