



Membership Form

Name: _____ Reiki Level: _____

Address: _____

City/State/Zip: _____ County: _____

Practice Name: _____ Phone: _____

Website: _____

Email: _____

Preferred Method of contact: _____

VRA Members Agree to the following Code of Ethics:

1. Abide by a vow of confidentiality. Any information that is discussed within the context of a Reiki session is confidential between client and the Practitioner.
2. Provide a safe and comfortable area for the client sessions and work to provide an empowering and supportive environment for clients.
3. Always treat clients with the utmost respect and honor.
4. Provide a brief oral or written description of what happens during a session and what to expect before a client's initial session.
5. Be respectful of all other's Reiki views and paths. Educate clients on the value of Reiki and explain that sessions do not guarantee a cure, nor are they a substitute for qualified medical or professional care. Reiki is one part of an integrated healing or wellness program.
6. Suggest a consultation or referral to qualified licensed professionals (medical doctor, licensed therapist, etc.) when appropriate.
7. Never diagnose or prescribe. Never suggest that the client change prescribed treatment or interfere with treatment of a licensed health care provider.
8. Never ask clients to disrobe (unless in the context of a Certified Massage Therapist). Be sensitive to the boundary needs of individual clients. Do not touch the genital area or the breasts. Practice hands off healing of these areas if treatment is needed.
9. Be actively working on your own healing to embody and fully express the essence of Reiki in everything that you do.

At the **Basic Membership Level**, you will enjoy all of the benefits of being a member of the VRA, but will not have a website listing.

At the **Practitioner or Teacher Level** of Membership, your name will be included on the VRA website as a Reiki practitioner/teacher resource.

At the **Benefactor level** of membership, an optional listing as Benefactor member will appear on our website.

Would you like to be on the website?

Circle One: Yes or No

Please check membership category:

Basic: \$20 _____

Practitioner: \$40.00 _____

Teacher: \$50.00 _____

Benefactor \$100 _____

I have read and agree to follow the Vermont Reiki Association code of ethics.

Signature:

Please make a check out for the appropriate amount to the *Vermont Reiki Association* and send along with a copy of one of your Reiki certificates to:

Vermont Reiki Association
PO Box 554, St. Albans, VT 05478