

ASLOR

Association of the Original 7 Level System of Reiki Incorporated



PO Box 677 Newtown NSW 2024 02 8090 0304 www.aslor.org contactus@aslor.org

Associate Member Application Form

To apply for Associate Membership with ASLOR you are required to do the following:

- Complete the application form.
- Make a copy of all your reiki certificates.
- Read, sign and date the ASLOR Code of Ethics.
- Include payment for fees: \$45 one-off joining fee and \$30 annual fee.
Payment options – Cheque or money order made payable to ASLOR.
– Direct deposit to Westpac BSB 032-056 Account Number 26-7552. Westpac Randwick branch,
49-51 Belmore Road, Randwick 2031. Please provide a copy of the receipt.

Send in all of the above to: The Secretary, ASLOR, PO Box 677, Newtown NSW 2042.

If you have trained in the 7 level system of reiki with a teacher that ASLOR is unfamiliar with, an interview will be required. We will notify you if this applies to you.

NB: A membership card will be issued once your application is approved and the fees are paid.

ASLOR has been established for the following purposes:

- To create greater awareness of the Original 7 Level System of Reiki within the general community.
- To provide a sense of community and support for all ASLOR members.
- To establish and improve the standards of ASLOR, to maintain the integrity of the Original 7 Level System of Reiki.
- To encourage and support the integration of the Original 7 Level System of Reiki into all areas of life, to assist with health, relationships, business and a general sense of well-being.
- To support and facilitate projects that assist humanity.
- To share the truth of reiki, to empower the human spirit, so as to assist in cultivating all of humanity's greatest qualities.

I, _____ of _____
(full name, please print in capitals) (residential address)

hereby apply to become a member of the Association of the Original 7 Level System of Reiki Incorporated. In the event of my admission as a member, I agree to adhere to the applicable codes and standards of the association. I certify that all the information provided in this application is true.

Signature of applicant

Date

Personal Details

All information is treated with complete confidentiality. PLEASE WRITE ALL DETAILS IN CAPITALS.

Title: Mr/Mrs/Ms/Miss/Other _____ First name _____

Surname _____

Email _____

Postal address _____

State _____ Postcode _____ Country _____

Contact number _____

What reiki level have you attained? _____

Are you interested in learning more about the use of reiki in the following areas:

- health / medicine
- nutrition
- mental health
- sports performance
- family / relationships
- babies / children
- aged care
- disabilities
- animals / pets
- plants
- home
- work place / business
- the environment
- spirituality
- world events
- scientific research of reiki

others (please specify) _____
