

Central New York Reiki Association  
Membership Application Form

This is a (choose one): NEW Membership \_\_\_\_\_ Renewal \_\_\_\_\_

Full Name (for certificate): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Level of Reiki Training (include year of highest training and teacher's name)

\_\_\_\_\_  
\*You must submit a copy of your Reiki Certificate if you are ~  
1) a new member, or 2) a renewing member & have taken more training since you  
joined. Please note that all training must be done with a Reiki Master in person.

I  Offer Sessions  
 Teach Classes

I agree to abide by the CNYRA Code of Ethics and Standards of Practice \_\_\_\_\_  
(please initial above. Documents can be view at [www.cnyreikiassociation.com](http://www.cnyreikiassociation.com))

Dues:

Your membership will be valid for the term you choose (below):

\_\_\_\_\_ \$90 9/1 – 8/31

\_\_\_\_\_ \$50 3/1 – 8/31

Payment Instructions:

Check/money order: Make out to “Mary Riposo” & mail to:

CNY Reiki Association

c/o Mary Riposo

6499 E. Seneca Tpke #142

Jamesville, NY 13078

For credit card payments, contact Mary Riposo at 315-416-7270 (call/text)

\*Make sure to include a copy of your Reiki Certificate if you're a new member or  
renewing member who has taken additional training since last year.

\*Once you have paid your dues and submitted your valid Reiki Certificate, your  
membership certificate and packet will be sent to you in the mail.

Thank you for joining the Central New York Reiki Association!