

IARP: INTERNATIONAL ASSOCIATION OF REIKI PROFESSIONALS® LLC

IARP® Membership Registration Application

Celebrating
our 11th Year
of Service

To join or renew visit www.iarp.org or complete this form and fax or mail today!

Name _____ Company Name (optional) _____

Mailing Address _____ City _____

State/Province _____ Zip/Postal Code _____ Country _____ Telephone # Home _____

Phone # that you'd like listed for Referral Service Program _____

Email Address _____

(It is important that we have a correct email address on file for you so that you may access the Members Area and receive important communications from us. We protect your privacy—we never give out your email address and we never sell, rent or loan our mail or email list.)

How did you hear of the IARP? Circle one: magazine, newspaper, television, Reiki Master, friend, colleague, internet

New Members Only—Did another person refer you? List Name or Promo Code _____

IARP Membership Options

Please check one: ____ This is a New Application ____ I am Renewing

Please check one: ____ I practice Reiki (RP) or ____ I practice and teach Reiki (RMT)

Please check one:

\$149. ____ 1 Year IARP Professional Membership

\$179. ____ 1 Year IARP Professional Membership with Enhanced Listing

\$278. ____ 2 Year IARP Professional Membership - a \$20 savings!

\$328. ____ 2 Year IARP Professional Membership with Enhanced Listing - a \$30 savings!

What is an Enhanced Listing?

You may list your website and a link will be provided directly to your site at the Online Registry Locator.

For Enhanced Listing: Your Website URL: _____

Optional Services

\$49 ____ Please mail to me a photocopy of The Reiki Times monthly An online subscription to TRT is included in all membership options above. If you prefer a photocopy mailed to you monthly of TRT(12 issues) please choose this option.

\$75 ____ Please add a Personal Web Site A one-page web site that functions as a brochure for potential clients with its own URL address. A benefit for members, a great marketing tool for you and a great value! This is a one-time fee, you may update your page anytime and your web page will stay on the site as long as your membership remains current in good standing and doesn't lapse.

As soon as we receive and process your registration, you are eligible to take part in the optional IARP Liability Insurance Program for Reiki and other selected modalities—insurance plans start at US\$125 for the US Program, CAD\$250 for the Canada Program, and £55.00 for the UK Program. Information will be sent to you in your membership packet. If you need insurance right away please register using the online form at www.iarp.org and we will send you insurance instructions right away.

\$ _____ Total to be charged or to be paid by check

Payment Options: I wish to pay by: Check Visa MC AMEX Discover

If paying by check—please either a) fax this form to 603-882-9088 and we can send you via email an eCheck payment form (quickest). Or b) mail this form with your check to: IARP LLC, PO Box 6182, Nashua, NH 03063 USA.

Full Name as it appears on credit card: _____

Card # _____ Exp. Date: ____/____/____ 3/4 digit Card Security # _____

Address and Phone of CC Holder: _____

Signature _____

Do not send cash. A \$35 charge will be assessed on all returned checks. All fees must be paid in US dollars.

Complete both sides of this form and fax today to IARP Member Services at 603-882-9088. You will receive email confirmation upon processing & your Member Packet via mail. As always, Reiki Blessings to you from your friends at the IARP.

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IARP Membership Registration Application Instructions and Information

Dearest Reiki Friend — We look forward to being of service to you! Please join or renew online at www.iarp.org (quickest) or complete both sides of this application and send via fax (quick) to 603-882-9088 or mail to: IARP, PO Box 6182, Nashua, NH 03063 USA. Your IARP Professional Membership benefits include Registered Status, IARP Membership Certificate, IARP Wallet Card, Listing in our highly utilized Referral Service Program, *The Reiki Times* monthly online magazine, the opportunity to take part in the optional IARP Reiki Professional & General Liability Insurance Program, Certificate Service Program for RMT's, Publicity for members and for your professional services, Special offers, Discounts for members and more! Please see FAQs at our web site if you have any questions or need assistance. We look forward to being of service to you. Reiki Blessings! — *From your Friends at the IARP*

Reiki and Complementary Modalities

Please check all that apply

Types of Reiki that you practice:

- Usui Shiki Ryoho
- Usui/Tibetan
- Karuna Reiki®
- Tera-Mai® Reiki
- Seichim/Seichem/Sekhem
- Japanese Reiki Techniques
- Lightarian Reiki
- Angelic Reiki
- Gendai Reiki
- Other Reiki

Please list _____

Please check the IARP website for additional modalities covered with the various insurance plans. This will also be sent to you by mail in your Member Packet.

Please circle the complementary modalities listed below if applicable that you are trained in and qualified to practice for listing at the Referral Service Locator. You can edit/update these at anytime and access the full list of modalities once your membership is activated.

COMPLEMENTARY MODALITIES

Acupressure
Alexander Technique
Aromatherapy
Barbara Brennan Technique
Bodymind Integration
BodyTalk
Craniosacral Therapy
EFT (Emotional Freedom Technique)
Energy Balancing
Energy Healing Technique
Hawaiian Bodywork
Healing Touch

Hypnotherapy
IET Integrative Energy Therapy
Kripalu Bodywork
Life Coaching
Magnified Healing
Massage Therapy
Polarity Therapy
Pranic Healing
Prepare for Surgery
Qi Gong Instruction
Quantum Touch
Rainbow ARCH Therapy
Reconnective Healing
Reflexology
Rosen Method
Shamballa Multidimensional Healing
Shamanic Practitioner
Shiatsu
Sound Healing Therapy
Yoga Instruction

PET HEALTH

Animal Flower Essence Therapy
Equissage/Horse Massage
Pet Massage
Pet Reiki

Sign & Date Application

Your signature is required. Faxed or computer scanned signatures are considered legal and binding. I have completed this IARP membership application accurately and honestly and I agree to abide by the IARP Code of Ethics as listed below. Also, I understand and agree that it is my responsibility to abide by any state/province, local or county laws and rules, if any, regarding Reiki and any complementary integrative modalities that I practice. I understand that all membership fees paid by me to IARP LLC are non-refundable. I have no knowledge of any incident, suit, pending claim or license revocations or ethics hearing violation against me. I have never been the subject of any investigation in connection with any sexual misconduct or act, molestation or assault. I understand that failure to pay required dues and/or false statements made on this application or subsequent renewal applications shall terminate membership and, if I elect to purchase insurance, render my insurance coverage null and void. I attest that I have completed all of the required schooling, training and certification for Reiki and any complementary modalities that I have listed on this application and that I practice. I pledge to provide the highest quality of services to my clients and community and to offer my services in a most professional and compassionate manner.

Signature (required) _____

Date _____

Print Name _____

As soon as your membership or renewal is processed, you will be sent information and instructions on the current optional insurance plans and descriptions of the modalities covered by the various plans and we will include this in your Member Packet so that you may choose the right one for you, if you wish to purchase insurance.

To access member discounts, resources, and to update modalities or any of your member information you may do so with your Email Address and Password at the IARP website. Your password will be emailed to you when your application is approved so please make sure we have your correct email address. We look forward to being of service to you — Reiki Blessings!

IARP Code of Ethics The Registered Reiki Practitioner (RP) / Reiki Master Teacher (RMT) agrees to:

1. Abide by a vow of confidentiality. Any information that is discussed within the context of a Reiki session is confidential between the client and practitioner.
2. Provide a safe and comfortable area for sessions or classes and work to provide an empowering and supportive environment for clients and students.
3. Always treat clients and students with the utmost respect and honor.
4. Have a pure and clear intention to offer your services for the highest healing good of the client and highest potential of the student.
5. Provide a brief oral or written description of what happens during a session and what to expect before a client's initial session. Provide a clear written description of subjects to be taught during each level of Reiki prior to class and list what the student will be able to do after taking the class.
6. Be respectful of all others' Reiki views and paths.
7. Educate clients/students 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 integrative healing or wellness program.
8. Suggest a consultation or referral for clients to qualified licensed professionals (medical doctor, licensed therapist, etc.) when appropriate.
9. Never diagnose or prescribe. Never suggest that the client/student change prescribed treatment or interfere with the treatment of a licensed health care provider.
10. Be sensitive to the boundary needs of individual clients and students.
11. Never ask clients to disrobe (unless in the context of a licensed massage therapy session at the client's option). Do not touch the genital area or breasts. Practice hands-off healing of these areas if treatment is needed.
12. Be working to create harmony and friendly cooperation between Reiki Practitioners/ Master Teachers in the community and represent the IARP in a most professional manner.
13. Act as a beacon in your community by doing the best job possible.
14. Work to empower your students to heal themselves and to encourage and assist them in the development of their work with Reiki or their Reiki practices.
15. Be actively working on your own healing so as to embody and fully express the essence of Reiki in everything that you do.