



## REIKI CENTRE OF INDIA (Regd.)

The Secretary

No. 487, 17th Street, 4th Sector, K.K. Nagar,  
Chennai - 600 078.

### APPLICATION FORM

To.

#### THE SECRETARY

No.487, 17th Street, 4th Street,  
K.K. Nagar, Chennai - 600 078.  
Ph : 93805 71682

Dear Sir/Madam.

Please enroll me as a member of Reiki Centre of India, I am enclosing herewith the Life membership fee of Rs. One Thousand five hundred rupees only by Cash/Crossed Cheque/DD Payable at Chennai in favour of Reiki Centre of India.

Name : .....

Full Address : .....

: .....

: .....

Telephone : .....

Mobile : .....

E-mail : .....

Date of Birth : .....

Marriage Day : .....

Place : .....

Date : .....

**Life Membership Fee (India) : Rs. 1500/-**

Cash ☐ Cheque ☐ DD ☐

**Life Membership Fee (Overseas) : Rs. 2000/-**

Cash ☐ Cheque ☐ DD ☐

P.S. in case of Change in Address/Phone No. Please inform the President/Secretary/Treasurer