



## MEMBERSHIP APPLICATION

NAME \_\_\_\_\_

STREET \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

I wish to receive my newsletter by \_\_\_\_\_ email \_\_\_\_\_ land mail  
\_\_\_\_\_ Basic Membership \$75 \_\_\_\_\_ Full Membership \$125

AMT. ENCLOSED \$ \_\_\_\_\_

My signature below denotes that I understand that my fee for one year's membership in **REIKI RAYS OF HOPE FOR CAREGIVERS, INC.** entitles me only to the advertised items for the membership tier I have chosen. I understand I will not have any official affiliation with or endorsement by RROH. I agree that RROH bears no responsibility for any activities or actions initiated or conducted by me. I accept that this membership is for educational purposes only, and that RROH will not assume any responsibility for my application or use of any information acquired via membership.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

COMPLETE THIS FORM AND MAKE CHECK PAYABLE TO:

**REIKI RAYS OF HOPE FOR CAREGIVERS, INC.**

SEND BOTH TO:

9592 DUBLIN LANE, MENTOR, OHIO 44060  
(440-357-6517)

YOU WILL RECEIVE CONFIRMATION OF MEMBERSHIP ENROLLMENT

***THANK YOU FOR YOUR SUPPORT OF REIKI RAYS OF HOPE FOR CAREGIVERS***