

NATIONAL YOGA FEDERATION OF INDIA (MEMBER OF INTERNATIONAL YOGA COMMITTEE)

Paste 1 photo here

Membership Application

Please type or print carefully. Forward the completed application form, 1 recent passport size photos, copies of your most recent yoga certificate which you participated and any other relevant documents to the organization.

Contact Information	Date of Birth:		
			(yyyy/mm/dd)
_			
lame:	(family)	(given)	Male/Fema
		(givein)	
Address:(street)	(city, state/province, postal code)		(country)
Nationality:	Telephone:	Email:	_
Education & Professional	<u>Background</u>		
Education Received:			
Occupation:		Ye	ears in Profession:
Yoga Background			
Γotal Years of Study:	Member of Club:		
-ollowing System(s):			
Current Education and Issuir	ng Organization(s):		
<u>Declaration</u>			
Гһе			
	(Nation	al Organzation Name)	
With this application we representative in state	recognizes NYFI objecti	eration of India-NYFI and subnowes and as the sole governing this application is true and acc	yoga organization
Name and si	gnature of the responsibl	e	Date (yyyy/mm/dd)
Documentation to be at	tached with the applicati	on:	
CONSTITUTION CYOGA RELATED C		n copy and english translation)	
O	FFICIAL USE ONLY, PLEA	SE DO NOT WRITE IN THIS SE	CTION
Application reviewed by:			
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