

MAYA Membership Application

Instructions:

Please print, complete and mail this application along with your check payable to MAYA to: Mid-Atlantic Yoga Association, P.O. Box 30850, Alexandria, Virginia 22310.

Membership Information

Full Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

Your electronic newsletter and email announcements will be sent to this address.

Membership Type

The membership year runs from April 1st to March 31st of the following year. Membership is half price for the current membership year after Oct. 31st. The current membership year is April 1, 2009 to March 31, 2010.

Teacher Member -- \$40.

Student Member -- \$30.

Teacher Information Only (complete as applicable)

Primary city, location, or area where you teach
e.g. Bethesda, Arlington, DC _____

Primary yoga teaching style or tradition: _____

Studio (Yoga Business) Name & Address: _____

Website URL: _____

Studio/ Business Email: _____ Business Number: _____

Yoga Alliance Certificate: _____

Teacher training program

200 hour

500 hour

other

This teacher training program [is] [is not] registered with Yoga Alliance.

List me on MAYA website

Yes No

I want to list yoga workshops/events on MAYA calendar

Yes No

MAYA will list your special yoga events in the Events Calendar on its website. Contact Bob Patrick at kyyogi@roadrunner.com for further information.