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MEMBERSHIP FORM

[Please fill the form in capital letter and all fields are mandatory]

Eligibility:

1. Professional Yoga Therapy institution incorporated for more than 10 years / or an Associate.
2. 1 year yoga therapy certification.
3. Certificate from recognized Yoga University/Institution.
4. Regular practice of yoga therapy for a minimum of 18 Months (1.5yrs) .(Experience)

ATTACH
YOUR
PHOTOGRAPH
HERE

PERSONAL DETAILS

Full Name: _____

Date of Birth : _____ Age : _____ Gender : _____ Blood Group : _____

Type of Membership : Student Individual Institutional

Contact Address : _____

_____ Pin Code: _____

E-mail ID : _____ Mobile No: _____

Country : _____ State : _____

INSTITUTIONAL DETAILS (For Institutional Membership)

Name of the Institution : _____

Address : _____

_____ Pin Code: _____

Yoga courses completed: _____

DOCUMENTS:

1. CANDIDATE'S PASSPORT SIZE PHOTO
2. YOGA COURSE CERTIFICATE / INSTITUTIONS DOCUMENTS
3. PASSPORT

Signature : _____

Place & Date: _____

(Please attach the documents with this form)

Office Purpose:

Receipt No: Date:

Registration No: Membership Number: