

**Michigan Yoga Association
Membership Application**

Yes, please enroll me as a member of the Michigan Yoga Association!

Name _____

Address _____

City _____ State _____ Zip _____

Phone (____) _____

Preferred E-mail Address _____

Please indicate your yoga experience: _____ Teacher _____ Student

I am most interested in learning more about: _____

I would be interested in studying with: _____

Sign-up for our E-news letter: ____ Yes! I'd like to be on your list!

Membership : ____ Individual (\$30) ____ Family (\$45) ____ Student/Senior (\$25)

Registration for February Workshop with Alie McManus: _____ Yes! I'd like to register.
_____ Sorry, I can't make it.

Please Make Checks Payable to: Michigan Yoga Association

Mail Application and Check to: Cathy Tucci
RE: MYA Membership
6543 Whitney Woods
Richland, MI 49083