

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)

Please Make Checks Payable to: Michigan Yoga Association

Mail Application and Check to: Ann Ross
RE: MYA Membership
1933 Stearns Ave.
Kalamazoo, MI 49009