

## 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: \_\_\_\_\_ asana \_\_\_\_\_ pranayama \_\_\_\_\_ Ayurveda \_\_\_\_\_ anatomy  
\_\_\_\_\_ meditation \_\_\_\_\_ restorative, other: \_\_\_\_\_

I would be interested in studying with the following teacher(s) \_\_\_\_\_  
\_\_\_\_\_

How did you hear about MYA? \_\_\_\_\_

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

Payment Type: \_\_\_\_\_ PayPal \_\_\_\_\_ Check

If applying for Family Membership, please list the first and last names of family members who live at the same address: \_\_\_\_\_  
\_\_\_\_\_

If applying for a Student Membership, please list the name of the school, university, college or yoga teacher training program that you are attending: \_\_\_\_\_  
\_\_\_\_\_

Registration for February Workshop with Olga Kabel: \_\_\_\_\_ Yes! I'd like to register.

\_\_\_\_\_ Sorry, I can't make it.

Please Make Checks Payable to: Michigan Yoga Association

Send check and application to: Carol Baker, Membership Chair  
6172 Sablewood Circle  
Portage, MI 49024-8404