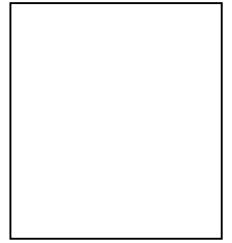




# EKADHMA YOGA VISVA VIDYALAYA ASSOCIATION

9A, Thalaivanvadali, Authoor-628151, Thoothukudi Dist.,Tamilnadu,India



Please Tick



## APPLICATION FORM FOR MEMBERSHIP

Professional Member

Life member

Primary Member

First Name: ..... Last Name:.....

Organization:.....

Address:.....

E-mail: .....

Telephone /Fax :.....

Please supply the following:

\*CV - With particular reference to your Yoga Experience / Your recent photograph

\*Name and contact details of two professional referees who can comment on your expertise as a Yoga practitioner.

1. Referee's name:

Referee's workplace:

Phone number:

email:

Professional relationship to applicant:

2. Referee's name:

Referee's workplace:

Phone number:

email:

Professional relationship to applicant:

Payment particulars:

Account payee Demand Draft/Cheque:

Date:

Name of the bank:

Place of issue:

Signature

## **RULES AND REGULATIONS:**

1. All amount submitted to the Association is totally non-refundable.
2. Members once get registered should inform their activities or progress report every financial year (in the month of March).
3. Any change in your contact address or official address should be informed to the Head Office of EYVVA.
4. Every Member should have a good moral conduct; they should not be involved in any illegal activities.
5. If the member found involved in any illegal activities, in such case EYVVA would have the right to cancel your membership immediately.
6. For the institutional membership you have to register separately.

## **PAYMENT DETAILS:**

You can deposit a Bank Draft or Cheque drawn in favour of:

**Ekadhma Yoga Visva Vidyalaya Association Trust**

A/c No: 35749565971

Bank: SBI

Branch: Arumuganeri

IFSC Code: SBIN0012759

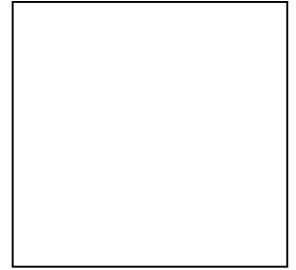
## **CONTACT US**

**Mobile Number: +91-9894808524**

**Email ID: ekadhmayoga23@gmail.com**



# EKADHMA YOGA VISVA VIDYALAYA ASSOCIATION



## APPLICATION FORM FOR INSTITUTION(ASSOCIATION) MEMBERSHIP

Institution Name: .....

Institution Incharge Name: .....Designation.....

Address:.....

E-mail: .....

Telephone /Fax :.....

Please supply the following:

\*CV - With particular reference to your Yoga Experience / Your recent photograph

\*Name and contact details of two professional referees who can comment on your expertise as a Yoga practitioner.

1. Referee's name:

Referee's workplace:

Phone number:

email:

2. Referee's name:

Referee's workplace:

Phone number:

email:

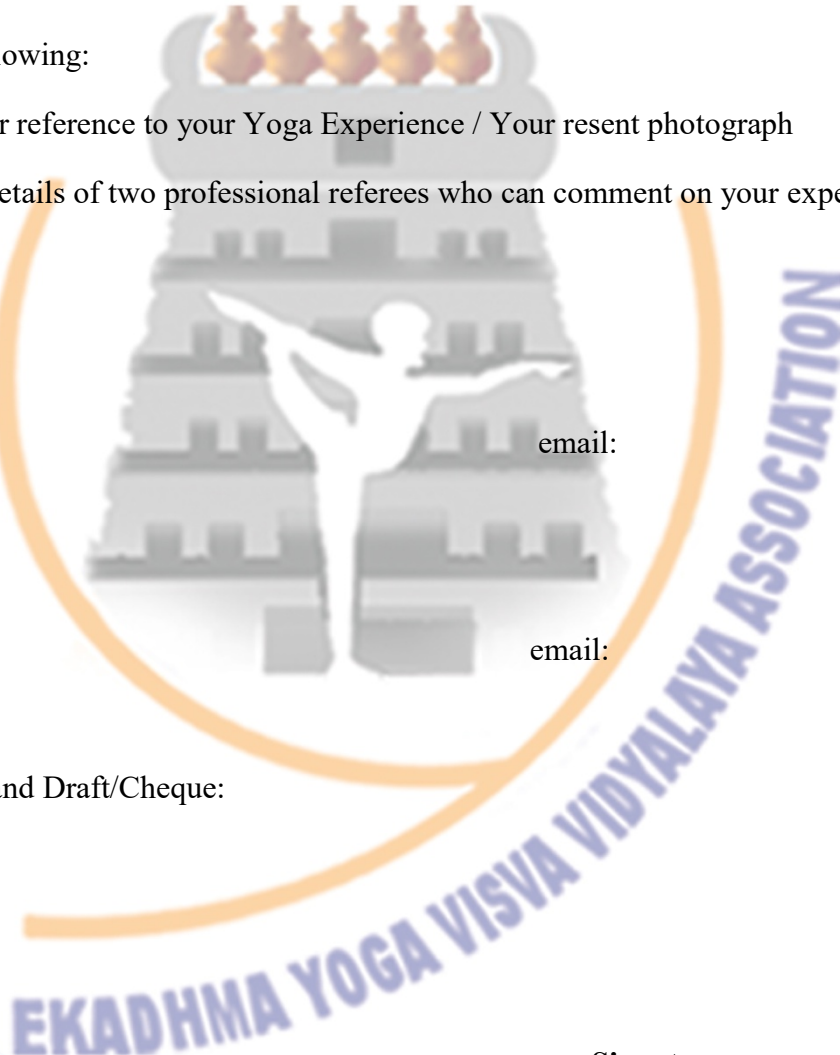
Payment particulars:

Account payee Demand Draft/Cheque:

Date:

Name of the bank:

Place of issue:



**Signature**

## **RULES AND REGULATIONS:**

1. All amount submitted to the Association is totally non-refundable.
2. Members once get registered should inform their activities or progress report every financial year (in the month of March).
3. Any change in your contact address or official address should be informed to the Head Office of EYVVA.
4. Every Institutional Member should have a good moral conduct; they should not be involved in any illegal activities.
5. If the member found involved in any illegal activities, in such case EYVVA would have the right to cancel your membership immediately.
6. Institutional membership is for affiliation and for other institutional support like conducting Competitions and Yoga , Meditation and Reiki Courses.

## **PAYMENT DETAILS:**

You can deposit a Bank Draft or Cheque drawn in favour of:

**Ekadhma Yoga Visva Vidyalaya Association Trust**

A/c No: 35749565971

Bank: SBI

Branch: Arumuganeri

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## **CONTACT US**

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