



## CINCINNATI YOGA TEACHERS ASSOCIATION (CYTA) MEMBERSHIP APPLICATION FORM

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Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

Web-site : \_\_\_\_\_

Status:  Yoga Teacher       Yoga Student       Yoga friend

If applying as a Yoga teacher member, please include a listing of where you have studied Yoga, with whom, and for how long?

If certified as a teacher, please indicate style of Yoga you're certified:

If teaching, indicate for how many years you've been teaching and list any special interests, e.g., working with seniors, children, pregnant women, etc.:

If applying as a yoga teacher member, what contact information would you like posted on the CYTA website for public view?

Phone       Email       Website       Post no contact information please

Please indicate why you'd like to join CYTA:

Benefits of CYTA membership includes

- Discounted fees on CYTA sponsored events
- Annual Dinner
- CYTA Website Listing (for yoga teacher members only)

PLEASE RETURN THIS FORM and your initial membership fee of \$45 (annual renewal fee is \$35) addressed to CYTA to:

Joan Jackson, 3240 Koenig Avenue, Cincinnati, Ohio 45211

A Board will review your application and respond to your application.

NAMASTE