contact information

name

primary address

city, state, zip, country

e-mail

website

phone (# listed on web)

other phone

certification information (please check all that apply)

☐ Certified Kripalu Yoga Teacher  ☐ Ayurvedic Health Coach  ☐ Certified Yoga Teacher from Other Tradition

listing information (for Certified Kripalu Yoga Teachers and Ayurvedic Health Coaches only)

The Kripalu website, updated weekly, will list your name, city, state or province, postal code, country, phone number, e-mail, and website address. If you choose to have a listing on the Kripalu website you may choose to use: 1. Your primary location information from above 2. An alternate location in place of your primary 3. Your primary and an alternate location. Please note that we do not include street addresses in our listings.

List me on the website at no charge:  ☐ Yes  ☐ No

☐ Primary location ABOVE (only)  ☐ Alternate location BELOW (only)  ☐ Primary and Alternate location BOTH

Alternate Listing Information

studio name (if applicable) city, state, zip, country

city, state, zip, country

phone

e-mail

website

Membership agreement (for Certified Yoga Teachers from Other Traditions)

Please remember that being a member of KYAA is not the same as being a certified Kripalu Yoga Teacher. We require KYAA members who are not Kripalu certified to refrain from using their status as KYAA members in promotional materials to
Membership agreement Cont’d (for Certified Yoga Teachers from Other Traditions)

suggest that they are Kripalu-certified yoga teachers. Promotional materials that include a reference to KYAA membership must include a reference to the source of your yoga teacher training and/or certification. Please sign below to indicate your acceptance of this requirement.

__________________________________________
signature

payment information
☐ $125—Individual, one year KYAA membership
☐ Enclosed is my check or money order payable to Kripalu Center. (We can only accept checks that are drawn on US banks.)
☐ Please charge my credit card. ☐ Please charge my debit card.
☐ American Express ☐ Discover ☐ MasterCard ☐ Visa

__________________________________________
card number

__________________________________________
exp. date: mo/yr

cardholder’s signature

cardholder’s name (print)

Don’t forget to sign up for Automatic Renewal!

☐ Please enroll me for Automatic Membership Renewal using my card above.

Please mail this form with payment to: KYAA, Kripalu Center, PO Box 309, Stockbridge, MA 01262 or fax: (413) 448-3111

If you need the support of a scholarship at this time or have any questions, please contact the Kripalu Yoga and Ayurveda Association office at (413) 448-3461 or kyaa@kripalu.org.

10/18/2018

PO Box 309, Stockbridge, MA 01262-0309 | 413.448.3400 | kripalu.org