

contact information		
name		
orimary address		
city, state, zip, country		
email website		
phone (# listed on web)		
other phone		
certification information (please check all that apply)		
☐ Certified Kripalu Yoga Teacher ☐ Ayurvedic Health Counselor ☐ Certified Yoga Teacher from Other Tradition ☐ Integrative Yoga Therapist ☐ Mindful Outdoor Guide		
isting information (not applicable for Certified Yoga Teachers from Other Traditions)		
The Kripalu website, updated weekly, will list your name, city, state or province, postal code, country, phone number, email, 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. Please note that we do not include street addresses our listings.		
List me on the website at no charge: 🗆 Yes 🗀 No		
☐ Primary location ABOVE (only) ☐ Alternate location BELOW (only)		
Alternate Listing Information		
studio name (if applicable)		
city, state, zip, country phone		
email website		

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

 $(over please \rightarrow)$

Please remember that being a member of KYAA is not the same as being a certified Kripalu Yoga Teacher. We require KYAA

membership agreement (for Certified Yoga Teachers from Other Traditions)



membership agreement cont'd (for Certified Yoga Teachers from Other Traditions)

Association office at (413) 448-3461 or kyaa@kripalu.org.

members who are not Kripalu certified to refrain from using their status as KYAA members in promotional materials to 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	
\square \$125—Individual, one-year KYAA membership	
\square Enclosed is my check or money order payable to l	Cripalu Center. (We can only accept checks that are drawn on US banks.)
\square Please charge my credit card. \square Please charge r	my debit card.
\square American Express \square Discover \square MasterCard	□ Visa
card number	exp. date: mo/yr
cardholder's signature	cardholder's name (print)
automatic renewal	
☐ Please enroll me in Automatic Membership Ren	ewal using my card above.
Please mail this form with payment to: KYAA, Kripa	lu Center, PO Box 309, Stockbridge, MA 01262 or fax: (413) 448-3111
If you need the support of a scholarship at this time of	or have any questions, please contact the Kripalu Yoga and Ayurveda