Kripalu[®] Yoga and Ayurveda Association

For certified yoga teachers from other traditions, in order to apply for a KYAA membership you must be a graduate of a 200-hour yoga teacher training that is registered with Yoga Alliance; please include a copy of your certification with this application if you are a first-time applicant.

First Name		_ Middle Name	Last Name		
Primary address					
	Street Address				
	Address Line 2				
	City	State/Province/Region	a ZIP/Postal Code Country		
Provide your interr automatically liste	national dialing d on our website	e; please leave blank if you do	.S. and Canada. This is the number that will be o not want this number listed.		
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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 indicate below your acceptance of this requirement.

□ I have read and accept the membership agreement.

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Kripalu Website Listing

If you are a certified Kripalu Yoga Teacher or Ayurvedic Health Counselor, we will list your name, city, state/province/region, ZIP/postal code, country, daytime phone number, e-mail, and website address on the Kripalu website. You may choose to use your primary location information from the primary address information of this application, an alternate location, or both. *Note* We do not include street addresses in our listings.

Do you wish to be listed on the Kripalu website? 🗖 Yes 📮 No															
 Primary Location Only Alternate Location Only Primary and Additional Location Alternate or Additional Listing Information Studio Name (If applicable) 															
											City	State/Province/Region	ZIP/I	Postal Code	Country
										Telephone	E-mail Web			• URL	
 Payment Information \$125 Individual, one year KYAA membership. Enclosed is my check or money order payable to Kripalu (Checks must be drawn on US banks). Please charge my credit card my debit card American Express Discover MasterCard Visa Name on card:															
	Card number:			_ Exp. Date											
	Signature														
KYAA	r for Yoga & Hea MA 02162	a and payment to: Ith													

If you have any questions, please contact the Kripalu Yoga and Ayurveda Association office at 413.448.3461 or kyaa@kripalu.org.