



**B.K.S. IYENGAR YOGA INSTITUTE OF SOUTHERN AFRICA  
APPLICATION FOR MEMBERSHIP**

(PLEASE PRINT CLEARLY)

**Name:**

**Date of Birth:**

**Name of Teacher/s:**

**No of years study in Iyengar method:**

**Postal Address:**

**Code:**

**Tel No (H):**

**(W):**

**Cell No:**

**Fax No:**

**E-mail address:**

**List any other Yoga Organisations of which you are a member:**

**Are you teaching Yoga now? Yes or No:**

**If yes, level of Certification:**

**Signature of Applicant:**

**Date:**

**Signature of Teacher:**

**Date:**

FOR OFFICE USE ONLY				
	Date	Subs Received	Bank Details	Initials
Regional Treas/Sec.				
Cent Comm Treas.				
Cent Comm Sec.				