



IYC – MEMBERSHIP-ACCREDITATION/RENEWAL FORM
Category – Individual / Faculty

All prospective members of International Yoga Committee – IYC is required to complete this registration form. Indicate any changes; Membership runs from round the year. **NEW MEMBERSHIP** **RENEWAL** **Changes for directory?**

SECTION I: MEMBER CONTACT INFORMATION

TITLE	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Prof		
NAME OF PERSON			
NAME OF INSTITUTION (Last working Job)			
POSITION/ DESIGNATION		MAIN TELEPHONE	
ADDRESS 1		WORK TELEPHONE (if different)	
ADDRESS 2		HOME TELEPHONE	
TOWN/CITY		MOBILE/WHATSAPP	
ZIP CODE		PRIMARY EMAIL	
COUNTRY:		SECONDARY EMAIL	

*Star the e-mail and phone number you would like listed in the directory

Details of Educational Qualifications:

Course Studied	Name of the Course	Major	Month & Year of Passing	Name of the Institution/College/ University	Percentage of Marks/ Class
Hr. Secondary					
Under Graduate					
Post Graduate					
M.Phil					
Ph.D					

(Enclose XEROX copy of UG/PG/Phd Provisional Certificate and list of publication in separate sheet).

SUCCESSFUL TEACHING EXPERIENCE:

The teaching requirement (two full years or equivalent) has been met in the following manner:

School/College/University	School/College/University Division	Years of Teaching

ACCREDITATION SEMINAR (attach copy of certificate) (check):

Subject Area:

Date Attended

Day	Month	Year
<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>
Day	Month	Year
<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>

*Star the e-mail and phone number you would like listed in the directory

SECTION 2: MEMBERSHIP TYPE AND PAYMENT DETAILS

MEMBER TYPE	DESCRIPTION	MEMBERSHIP DUES (Annual)	Please Check
INTERNATIONAL	Individual / Faculty is eligible Membership	\$550	
NATIONAL	Individual / Faculty is eligible Membership	\$150	
STATE/PROVINCE	Individual / Faculty is eligible Membership	\$50	
PAYMENT METHOD	<input type="checkbox"/> Online Payment <input type="checkbox"/> Pay Pal <input type="checkbox"/> Western Union <input type="checkbox"/> Others		

Paste your recent colour photograph

SECTION 3: MEMBER INFORMATION

OCCUPATION /INFORMATION/JOB TITLE:
Member IYC: <input type="checkbox"/> Yes <input type="checkbox"/> No Would you like to receive IYC/It's Sister Organs membership information? : <input type="checkbox"/> Yes <input type="checkbox"/> No
What is your main objectives of your Individual / Faculty :
Please indicate if you would be willing to serve on a chapter/committee etc.: <input type="checkbox"/> Yes <input type="checkbox"/> Not at this time
Is there any interest specific area/committee you would like to serve on? _____ (Committees/Positions/IYC/ It's Sister Organs are listed at http://www.iyc-yoga.org/iycsisterorgans.html)
Permission to use photographic images: Photographs of IYC members may be used in various IYC communications incl. the newsletter and website. Group photographs taken at IYC events may be used without identifying individual members. For individual photographs, please indicate your permission for use: ____ IYC/It's Sister Organs have my permission to use and identify photographs of me. ____ IYC/It's Sister Organs does not have permission to use and identify photographs of me. ____ IYC/It's Sister Organs must contact me before using any identified photographs of me in IYC communications.

All disputes relating to membership, accreditation, services/privileges, issue of Identity Cards, Certificates and etc are governed by Civil Laws and Civil Courts only subject to Lucknow,(India)Jurisdiction.

Declaration: I/We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/We undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I/We aware that I/We may be held liable for it. I/We hereby authorize sharing of the information furnished on this form with the **International Yoga Committee-IYC.**

Name of Teacher/Faculty

Signature

- **To pay online:** The Membership Fee in favour of “**International Yoga Committee**” or You can Transfer the Amount through PayPal directly in **A/C NO. 2408000150178934, Bank Name:** Punjab National Bank, **SWIFT Code:** PUNBINBBLHG. **Bank Address:** Lalbagh, Lucknow-226001, India. **Tel. :** +91-94 5040 2066.
- Regardless of payment method used, please **make sure to send a copy of your payment transfer receipt/e-slip alongwith membership form** to info@iyc-yoga.org . fill your details in e-mail, which includes, name, address, tel, fax, e-mail and cellphone Number. Payment received will be updated at **International Yoga Committee** after 48 hrs.