



IYC – MEMBERSHIP-ACCREDITATION/RENEWAL FORM

Category – Institutions/School/College/University Accreditation

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 1: 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						
INSTITUTION'S NAME						
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

SECTION 2: MEMBERSHIP TYPE AND PAYMENT DETAILS

MEMBER TYPE	DESCRIPTION	MEMBERSHIP DUES (Annual)	Please Check
INTERNATIONAL	Institutions/School/College/University is eligible Membership	\$2500	<input type="checkbox"/>
NATIONAL	Institutions/School/College/University is eligible Membership	\$750	<input type="checkbox"/>
STATE/PROVINCE	Institutions/School/College/University is eligible Membership	\$350	<input type="checkbox"/>
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
Name of Registering Authority of your Institutions/School/College/University : _____ Registered on Dated: _____
How many registered students in your Institutions/School/College/University : _____
What is your main objectives of your Institutions/School/College/University : _____
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: <input type="checkbox"/> IYC/It's Sister Organs have my permission to use and identify photographs of me. <input type="checkbox"/> IYC/It's Sister Organs does not have permission to use and identify photographs of me. <input type="checkbox"/> 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.

Date: _____

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.