

YOGA ASSOCIATION OF SEYCHELLES

MEMEBERS REGISTRATION FORM



SURNAME: _____ NAME: _____

TITLE: (Mr./Ms./Mrs.) _____ DOB: _____

NIN NO: _____

MOBILE NO: _____ OFFICE NO: _____ HOME NO: _____

EMERGENCY CONTACT NO: _____ EMAIL: _____

ADDRESS: _____

HEALTH PROBLEMS (if any): _____

This is to certify that I agreed to abide to the
rules and regulation of Yoga Association of Seychelles.

.....
Applicant Signature / Date

Proposed by:

.....
Chairman Signature / Date

.....
Vice-Chairman Signature / Date

CERTIFIED YOGA INSTRUCTOR (CYI)

Monthly fee: SR200/- (advance payment)

