

Yoga Therapy Ireland

MEMBERSHIP APPLICATION / RENEWAL FORM

NAME: _____

ADDRESS: _____

TELEPHONE: _____ MOBILE: _____

EMAIL: _____

ARE YOU A QUALIFIED YOGA TEACHER?: YES ☐ NO ☐

ARE YOU YOGA THERAPY IRELAND (YTI) TRAINED: YES ☐ NO ☐

If not YTI trained, where did you train? _____

How long was the training course? (weeks / months / years) _____

IF NOT YTI TRAINED, PLEASE SUBMIT A COPY OF YOUR TEACHING DIPLOMA WITH YOUR APPLICATION.

INSURANCE POLICY NO: _____

INSURER: _____

RENEWAL DATE: _____

TEACHING LOCATION(S): _____

SIGNED: _____

DATE: _____

Please Return to:
Yoga Therapy Ireland, Auburn Drive, Killiney, Co. Dublin

or email y

Note: the use of the Yoga Therapy Ireland logo or name on any promotional material is subject to approval by YTI. Please contact info@yogatherapyireland.com for details.