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 3. Fill in the fields, use your electronic signature.
 4. Submit form.
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MEMBERSHIP APPLICATION

Annual membership to join the Black Yoga Teachers Alliance is \$75.00. Your membership will help build a network of professional black yoga teachers throughout the world. Please PRINT OR TYPE.

PERSONAL INFORMATION

NAME: _____

ADDRESS: _____

TELEPHONE: _____

E-MAIL: _____

WEB SITE URL: _____

EMERGENCYCONTACT: _____

EMERGENCY CONTACT PHONE NUMBER : _____

YOGA TRAINING & CERTIFICATION

If you are applying for membership as a certified yoga teacher, please complete the following:

Your style/lineage of yoga: _____

Yoga training school/teacher: _____

Location: _____

(City)

(State)

(Zip)

Date you received your certification: _____

Are you a member of the Yoga Alliance: Yes No

If you are a member of the Yoga Alliance, please include your ID # _____

Please circle your certification and registered yoga teacher status:

200 RYT

500 RYT

200 E-RYT

500 E-RYT

1000 E-RYT

List additional yoga teacher memberships: _____

TEACHING YOGA: How often do you teach? (Check one)

FULL TIME (12hrs+/wk)

PART TIME (10hrs-/wk)

ON-CALL (4hrs-/wk)

NOT TEACHING

How many years have you been teaching? _____

Where do you teach yoga? List state and city/cities where you teach: _____

List the names of the studio or other locations where you teach below:



SPECIALIZED TRAINING

If you have received specialized training or certification(s), please indicate below: (circle one) Ayurveda, Yoga Therapy, Yoga for Children, Trauma Sensitive Yoga, Pregnancy Yoga, etc.

If your area of yoga expertise is not listed above, please include yours below: _____

Where did you receive your specialized training? _____

Are you certified in your area of expertise? Yes No

The Black Yoga Teachers Alliance, Inc. collects demographic data to develop a profile of our membership for the purposes of soliciting donors, grants and sponsors. Your answers in this section are voluntary. Your personal information will not be shared or sold.

Your occupation (if not full-time yoga teacher) _____

LEVEL OF EDUCATION COMPLETED:

	High School	Bachelor's Degree	Post Graduate/Professional Degree(s)	
MARITAL STATUS:	Single	Married	Divorced	Widow
HOUSEHOLD:	Home owner	Renter	Number of people living in home _____	
ANNUAL HOUSEHOLD INCOME:	less than \$5,000	\$5,000-\$15,000	\$15,000-\$30,000	
	\$30,000-\$45,000	\$45,000-\$60,000	\$60,000-\$75,000	\$75,000 or more

Please tell us about yourself and what you seek from membership in the Black Yoga Teachers Alliance. Please include your areas of interest and or expertise in this statement. Attach additional page(s) if necessary.

Your Signature: _____ Date: _____