



**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**

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

\*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 type="text"/>	<input type="text"/>	<input type="text"/>
Day	Month	Year
<input type="text"/>	<input type="text"/>	<input 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	\$500	
NATIONAL	Individual / Faculty is eligible Membership	\$350	
STATE/PROVINCE	Individual / Faculty is eligible Membership	\$150	
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:**  Yes  No Would you like to receive IYC/It's Sister Organs membership information? :  Yes  No

**What is your main objectives of your Individual / Faculty :**

Please indicate if you would be willing to **serve on a chapter/committee etc.:**  
 Yes  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](mailto: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.