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**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 1: MEMBER CONTACT INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| **TITLE** | **Mr** **Mrs** **Miss** **Ms** **Dr** **Prof** | | |
| **NAME OF PERSON** |  | | |
| **NAME OF INSTITUTION**  (Last working Job) |  | | |
| **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**

**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):

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  | Day | | Month | |  | Year | | |
|  | **Subject Area:** |  |  | **Date Attended** | |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  | |  | |  |  | | |
|  |  |  |  |  |  | Day | | Month | |  | Year | | |
|  |  |  | |  |  |  |  |  | | | | | |

**\*Star the e-mail and phone number you would like listed in the directory**

**SECTION 2: MEMBERSHIP TYPE AND PAYMENT DETAILS**

Paste your recent colour photograph

|  |  |  |  |
| --- | --- | --- | --- |
| **MEMBER TYPE** | **DESCRIPTION** | **MEMBERSHIP DUES (Annual)** | **Please Check** |
| **INTERNATIONAL** | Individual / Faculty is eligible Membership | $550 |  |
| **NATIONAL** | Individual / Faculty is eligible Membership | $150 |  |
| **STATE/PROVINCE** | Individual / Faculty is eligible Membership | $50 |  |
| **PAYMENT METHOD** | Online Payment  Pay Pal  Western Union  Others |

**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:membership@non-olympic.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.