# Yoga Teachers of Northwest Ohio

## ~ MEMBERSHIP FORM ~

Mission: The mission of the YOGA TEACHERS OF NORTHWEST OHIO, is to promote public awareness of yoga, and to provide fellowship, education and mentoring for yoga teachers and to foster integrity by upholding the teachings and philosophy of yoga.

Name: _____
Last First Middle Initial/Name
Home Address: _____
City _____ State _____ Zip Code _____
Home Telephone: _____ Business Telephone: _____
Mobile Telephone: _____ Email Address: _____

***Levels of Membership:***

Active - $30.00: Member commits to attending a minimum of 3 meetings (including but not limited to regular business meetings or committee meeting) and providing at least one act of service for the association (including but not limited to one of the following): serves as officer, committee chair or committee member, assists with an event or workshop and/or host a meeting at their facility.

Associate - $75.00: Member has access to all benefits but does not commit to attend meetings, assist with events or workshops and does not serve on a committee or as an officer. This level is intended for those who find it hard with their location or schedule to meet attendance and service requirements.

Signed _____ Date _____

Membership benefits include but are not limited to:

- Networking and fellowship with area yoga teachers.
- First to receive information regarding upcoming workshops and events
- Listed as a member of our association in our state-of-the-art website. Your listing will include your name, phone, email and website (both of which will have a direct link) as well as your bio and your class schedule. You may also include any workshops or special events you have planned in our calendar (sorry, no room for individual classes).
- Continuing education (most business meetings have a guest speaker)
- Discounts for workshops, products (when possible)

***Please make check payable to Yoga Teachers of NW Ohio and mail to:*** Treasurer, YTNWO
P.O.Box 224
Maumee, OH 43537

Welcome and Namaste friends ❤

For accounting purposes only

Method of Payment: ___ Cash ___ Check Check No._____ Amount: _____
Received by: _____ Date: _____
Membership expires annually on May 31st.