

**NATURE COAST YOGA TEACHER'S ASSOCIATION  
APPLICATION FOR MEMBERSHIP**

Thank you for your interest in becoming a member of our organization. Please complete this form to help us get to know you and your relationship to the teaching of yoga. A current CV may also be attached to the application. When completed, please email application and any other attachments to the [Membership Chair](#).

First & Last NAME:

ADDRESS (city/state/zip):

TELEPHONE:

EMAIL:

WEBSITE (if applicable):

STUDIO NAME (if owner) and LOCATION:

PROFESSIONAL PREPARATION for teaching yoga (Training; Certification; Continuing Education):

TEACHING EXPERIENCE (Include dates and locations):

PROFESSIONAL ORGANIZATIONS of which you are a member:

COMMITMENT –“I would like to have my application reviewed by the board of the Nature Coast Yoga Teachers’ Association. By signing the application, I affirm that the information I have provided is valid and complete to the best of my knowledge. Additionally, I am willing to share my knowledge and expertise with members of NCYTA.”

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Applicant Signature and Date