

THE SCHOOL OF ROYAL YOGA, INC.



MEMBERSHIP AGREEMENT

MEMBERSHIP PRIVILEGES

- 5% discount for all Regular Price Yoga Instructor Certification Courses including Adult Beginner, Prenatal, Gentle, and Children's Certification Courses
- 10% discount for all Regular Price workshops and seminars held at The School of Royal Yoga, Inc. including, but not limited to the following: Ayurveda, Nutrition, Reiki, Music, Knitting, Bach Remedies, Essential Oils, Natural Cleaning, Children's concerts and more.
- 10% discount for all Relaxation Treatments, including, but not limited to the following: Reiki, iMRS, Resonant Light, Platinum Energy Systems Detox Footbath Spa and more.
- 10% discount for Regular Priced products in The School of Royal Yoga store. 10% Discount valid for one item per purchase.

Your Membership covers expenses at The School of Royal Yoga – thank you!

In Addition, as a gift, all Members will receive the following:

- Unlimited Yoga classes
- Unlimited Meditation classes
- Unlimited Japa Meditation classes
- Unlimited Admission to Kirtan Concerts

Members have the opportunity to give a monetary contribution at the completion of each Yoga class, Meditation class, Japa class, and Kirtan concert for the gift of the Wisdom received in each class.

The School of Royal Yoga, Inc.
Quarterly Membership Fees



Please enter quantity of each type:

- _____ Adult: \$170 + tax = \$181.26
- _____ Senior (65&up): \$75 + tax = \$79.97
- _____ Young Adult (19-23): \$115+tax = \$122.62
- _____ Teen (13-18): \$75 + tax = \$79.97
- _____ Child: \$50 + tax = \$53.31

Please list names of all members:

_____ Total for All Members

Memberships are non-refundable and non-transferable.

Memberships may begin at any time and are effective for 3 months from sign up date.

Please select (✓) one of the following options:

_____ Please charge my:

- Visa
- Mastercard
- Discover

_____ Check # _____ written to:
The School of Royal Yoga, Inc.

_____ Cash

Name

_____ Street Address City/State Zip Code

_____ Phone Number Email Address

I have read, and understand, this Membership Agreement as outlined above.

Signature of Primary Adult Member

Date

Instructor/Staff please complete:

Instructor/Staff Initials _____

Credit Card Charged? Y / N Last 4 Digits _____

Date Processed _____ Time _____

Health Form Signed Y / N