



The School of Royal Yoga, Inc.

Quarterly Membership Fees

Please enter quantity of each type:

<p>Individual Membership: <u>effective for 3 months from sign up date.</u></p> <p>_____ Adult: \$170 + tax = \$181.26</p> <p>_____ Senior (65&up): \$75 + tax = \$79.97</p> <p>_____ Young Adult (19-23): \$115 + tax = \$122.62</p> <p>_____ Teen (13-18): \$75 + tax = \$79.97</p> <p>_____ Child: \$50 + tax = \$53.31</p> <p>_____ Other/Special: _____</p> <p>Family Membership: <u>effective for 3 months from sign up date.</u></p> <p>_____ 1 Parent/Guardian/ up to 2 children (12 & under): \$199 + tax = \$212.18</p> <p>_____ 2 Parents/Guardians/ up to 2 children (12 & under): \$299 + tax = \$318.81</p> <p>Flexible Membership: <u>Valid for 6 months, NO EXTENSIONS OFFERED</u></p> <p>_____ 10 days unlimited Yoga \$160 + tax = \$170.60</p> <div style="border: 1px solid black; padding: 5px; display: inline-block; width: 450px;"> <p>_____ Total for All Members</p> </div>	<p>Please list names of all members:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Memberships are:</p> <ul style="list-style-type: none"> • non-refundable and • non-transferable.
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_____ 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

Please select (✓) one of the following options:

Check written to: **The School of Royal Yoga, Inc.** Cash

Please charge my: Visa Mastercard Discover

Instructor/Staff please complete: Instructor/Staff Initials _____ Health Form Signed Y / N

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

Credit Card Charged? Y / N Last 4 Digits _____ Date Processed _____ Time _____

If not charged: CC # _____ Expiration _____

3 Digit code _____ Zip code _____