



Satyananda Yoga Teachers' Association Inc.

Website: www.syta.org.au

SYTA Membership Application

for graduates of the SYTA *Diploma of Satyananda Yoga Teaching (or Training)* and for SYTA Accredited yoga teachers.

(Please note this application form is valid to 30th June 2012 only.)

Applying for SYTA Membership

- read carefully the SYTA *Code of Ethics* and *Code of Practice* from the SYTA website
- complete the attached *Full Membership Application Form*
- your nomination requires a **proposer** and **seconder** who are current SYTA full members and who are familiar with your yoga teaching. **You will need to approach both sponsors and request they email their support comments direct to the Membership Secretary, sending you a copy. You will need to type the name of your proposer and seconder on your application form in the space provided.**
- email (preferred) or post the completed *Application Form*, your payment of \$100 (or EFT reference), a copy of your diploma and any other supporting documents to the SYTA Membership Secretary.

If you have any queries regarding membership, please contact the Membership Secretary or the membership committee who will be happy to assist you.

Membership Secretary

Email: membership@syta.org.au



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ॐ Full Membership Application Form ॐ

This application form is applicable to graduates of the SYA Diploma of Satyananda Yoga Training or SYA Diploma of Satyananda Yoga Teaching or for SYA accredited teachers.

Surname _____ Given name _____

Initiation Name _____ Initiation _____

Preferred name for directory/website _____

No./Street _____ Suburb _____

State _____ Post Code _____ Telephone _____

Email _____

Teaching Region/s _____

My areas of teaching interest/specialty are:

Reasons for applying for SYTA membership:

If admitted as a member, I consent to my name and contact details being given to bona fide inquirers and to have these published in a Directory of Teachers on the Members only section of the SYTA website. Yes No

Would you like to have your own webpage on the SYTA website? Yes No

In the past, have you ever been a member of SYTA or applied for membership full/associate? Yes No

Are you currently **accredited** as a Satyananda Yoga teacher? Yes, level _____ No

Are you currently an **Affiliate** with Satyananda Yoga Academy? Yes No

Do you have a **Diploma of Satyananda Yoga Training** (or **Teaching**)? dated _____ Yes No

Please scan a copy of your SYA Diploma and/or SYA Accreditation certificate and send as an attachment with your application.

What **experience**, if any, do you have as a professional yoga teacher?

List any **other training or experience** relevant to your application:

Along with your membership application, please attach a **brief Resumé**, outlining your education and training, employment and experience of yoga.

FULL MEMBERSHIP Nomination declaration

Nominations may be sent via email by the persons concerned directly to the Membership Secretary

Proposer:

As a nominator of the applicant, write a brief **reference** indicating what knowledge you have of this person as a yoga teacher in the Satyananda tradition:

Have you seen the applicant teach a yoga class? Yes No

I(print), a full member of SYTA, propose the nomination of the applicant who is personally known to me, for membership of the Association. The nominee is a yoga teacher in the Satyananda tradition and abides by the SYTA Code of Practice in their teaching.

Signature Date

Secunder:

As a nominator of the applicant, write a brief **reference** indicating what knowledge you have of this person as a yoga teacher in the Satyananda tradition:

Have you seen the applicant teach a yoga class? Yes No

I(print), a full member of SYTA, second the nomination of the applicant who is personally known to me, for membership of the Association. The nominee is a yoga teacher in the Satyananda tradition and abides by the SYTA Code of Practice in their teaching.

Signature Date

Applicant declaration

- I am a yoga teacher in the Satyananda tradition, and I have read, understood and agree to abide by the SYTA *Code of Practice*.
- I have read, understood and will abide by the SYTA *Code of Ethics*.
- In the event of my admission as a member, I agree to be bound by the rules of the Association and will support the aims and policies of SYTA.
- To cover the joining fee of \$40 and the first year’s membership fee of \$60:

- I enclose a cheque/money order (payable to SYTA) for **\$100**
- or I have paid **\$100** by EFT, date _____ ref. _____

A/c details for EFT payment - Satyananda Yoga Teachers Association Inc. BSB 062165, Account 10028700

As a member of the Satyananda Yoga Teachers’ Association Inc, I will follow the Code of Ethics and Code of Practice in my daily life as a yoga teacher. I also invoke the inspiration of my teachers to deepen my understanding of yama and niyama, and to embody them as sincerely as possible in my personal life and my teaching.

Signature Date

Email (preferred) or post the completed application form, your payment (or EFT ref), a copy of your SYA diploma and/or SYA Accreditation certificate and any other supporting documents to:

SYTA Membership Secretary – email to membership@syta.org.au
or post to PO Box 6748 Charnwood ACT 2615