



SYTA Membership Package for Associate membership

Associate membership is open to persons living in Australia who do not meet the full membership criteria but who do support the aims of SYTA. Associate membership is also available to teachers living outside Australia who are Diploma graduates from Satyananda Yoga Academy (Australia) and other verifiable Satyananda Yoga teachers.

Organisations in Australia such as yoga centres can apply for associate membership if a majority of their yoga teachers are full members of SYTA.

Applying for SYTA Associate Membership

- read about SYTA from the website
- complete the attached *Associate Membership Application Form*
- ensure that your nomination is signed on the application form (or by email) by a **proposer** and **seconder** who are current SYTA full members and who support your application.
- Email or post the completed *Application Form* and your payment or electronic reference to the SYTA Secretary. If using email only, send your completed *Application Form* to the proposer and seconder for their email nomination, and include a copy of their return emails with your application. If using email, print your name instead of signing the document.
- Applicants living outside Australia **must** include a copy of their SYA Diploma.

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

Membership Secretary

membership@syta.org.au



Satyananda Yoga Teachers' Association Inc.

www.syta.org.au

ॐ Associate Membership Application Form ॐ

Surname _____ Given name _____

Initiation Name _____ Initiation _____

No./Street _____ Suburb/Town _____

State _____ Post Code _____ Country _____

Telephone _____ Email _____

Are you a yoga teacher? No Yes, style/training: _____

What is your connection with Satyananda Yoga? _____

Reasons for applying for Associate membership: _____

Nomination declaration (Applicant to complete name and email)

Name of Proposer: _____ Email: _____

As a full member of SYTA, I propose the nomination of the applicant who is personally known to me, for **associate** membership of the Association.

Signature of proposer Date

Name of Seconder: _____ Email: _____

As a full member of SYTA, I second the nomination of the applicant who is personally known to me, for **associate** membership of the Association.

Signature of seconder Date

Applicant declaration

In applying for **associate membership**, I understand that this will **not** entitle me to promote or advertise under the name of SYTA, gain insurance through my membership or vote at Association meetings. In the event of my admission as an associate member, I agree to be bound by the rules of the Association and will support the aims and policies of SYTA.

Applicants living in Australia:

To cover the joining fee of \$20 and the first year's associate membership fee of \$40:

- I enclose an A\$ cheque/money order (payable to SYTA) for **\$60**
- or I have paid **\$60** by **EFT**, BSB 062165, A/c 10028700, date _____ ref. _____

Email/post the completed *Associate Membership Application Form* and your EFT ref. (or payment) to: membership@syta.org.au or post to: **SYTA Membership Secretary, PO Box 6748 Charnwood ACT 2615**

Applicants living outside Australia:

To cover the joining fee of \$50 and the first year's associate membership fee of \$40:

- I have paid **AUD\$90** by **PayPal**, payee secretary@syta.org.au, date _____ ref. _____

Applicants living outside Australia - email the completed *Associate Membership Application Form*, SYA *Diploma* and your PayPal ref. to: membership@syta.org.au

Applicant's Signature Date

