

AKYA MEMBERSHIP APPLICATION FORM

Australia Kriya Yoga Association Incorporated
(Incorporated under the *Associations Incorporation Act 1984*)

Applicant details

I, _____
(Full name of applicant)

of _____
(Address)

Other contact details

Contact telephone no: _____

Email address: _____

hereby apply to become a member of the above named incorporated association. In the event of my admission as a member, I confirm that I am over the age of 18 and agree to be bound by the rules of the association for the time being in force.

I confirm my initiation details as below.

Initiated by: _____

Initiation Month and Year: _____

Place: _____

Signature of applicant

Date

Association use only - Entered into register of members:

Signature

Date