



WYAB - WORLD YOGA ACCREDITATION BOARD
RENEWAL FORM CATEGORY WYAB – NGO's

All prospective members of WORLD YOGA ACCREDITATION BOARD-(wyab) is required to complete this registration form. Indicate any changes; Membership runs from round the year. NEW MEMBERSHIP RENEWAL Changes for directory?

SECTION 1: MEMBER CONTACT INFORMATION

TITLE	<input type="checkbox"/> Dr	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Prof	<input type="checkbox"/> Ms
Name of Individual						
Organization's Name						
Position/ Assignment					Work Phone (If Unique)	
Address 1					Principle Phone	
Address 2					Home Phone	
Town/City					Whatsapp	
Postal Division					Essential Email	
Country:					Auxiliary Email	

*Star the e-mail and phone number you would like listed in the directory

SECTION 2: MEMBERSHIP TYPE AND PAYMENT DETAILS

MEMBER TYPE	DESCRIPTION	MEMBERSHIP DUES (Annual)	Please Check
Provisional Accreditation Board	WYAB NGO's is eligible Membership	\$300	<input type="checkbox"/>
Provisional Accreditation Board	WYAB NGO's is eligible Membership	\$100	<input type="checkbox"/>
PER MANDAY RATE OF AUDIT(Separate Quotation Will Be Send)	WYAB NGO's is eligible Membership	\$40	<input type="checkbox"/>
Payment mode	<input type="checkbox"/> Online Payment <input type="checkbox"/> Pay Pal <input type="checkbox"/> Western Union <input type="checkbox"/> Others		

Paste a Passport Size Photo here

SECTION 3: MEMBER INFORMATION

OCCUPATION /INFORMATION/JOB TITLE:
Member WYAB: <input type="checkbox"/> Yes <input type="checkbox"/> No Would you like to receive WYAB/It's Sister Organs membership information? : <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Registering Authority of your WYAB NGO's : _____ Registered on Dated: _____
How many registered members in your WYAB NGO's : _____
What is your main objectives of your WYAB NGO's : _____
Please indicate if you would be willing to serve on a chapter/committee etc.: Yes <input type="checkbox"/> Not at this time <input type="checkbox"/>
Is there any interest specific area/committee you would like to serve on? _____ (Committees/Positions/WYAB/ It's Sister Organs are listed at http://www.worldyoga.us/WYAB_sisterorgans.html)
Permission to use photographic images: Photographs of WYAB members may be used in various WYAB communications incl. the newsletter and website. Group photographs taken at WYAB events may be used without identifying individual members. For individual photographs, please indicate your permission for use: _____ WYAB/It's Sister Organs have my permission to use and identify photographs of me. _____ WYAB/It's Sister Organs does not have permission to use and identify photographs of me. _____ WYAB/It's Sister Organs must contact me before using any identified photographs of me in WYAB communications.

All disputes relating to membership, accreditation, services/privileges, issue of Identity Cards, Certificates and etc are governed by Civil Laws and Civil Courts only subject to mumbai,(India)Jurisdiction.
 Declaration: I/We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/We undertake to inform you of any changes therein, immediately.
 In case any of the above information is found to be false or untrue or misleading or misrepresenting, I/We aware that I/We may be held liable for it. I/We hereby authorize sharing of the information furnished on this form with the International WYAB Committee-WYAB.

Date: _____ Signature: _____

- To pay online:** The Membership Fee in favor of "WYAB" or You can Transfer the Amount through Bank directly in A/C NO. 12950200000891, **Bank Name:** Indian Overseas Bank, Mumbai. **SWIFT Code:** IOBAINBB089. **Ifsc Code:**, IOBA0001295 **Whatsapp.** : +91-8275879725
- Regardless of payment method used, please **form** to info@worldyoga.us . fill your details in and **make sure to send a cop-mail**, which includes.name, address, tel, fax, **of your payment transfer receipt**/-mail and cellphone Number. Payment receive-slip along with membership will be updated at **WYAB** after 48 hrs