



Membership Registration Form

Complete ALL fields with an asterisk (*). PLEASE PRINT!

1. Select your membership level

Professional Membership **\$154 / year**
Regularly \$199

Includes all the benefits of an Associate Membership (see below), PLUS:

- Free mentoring session with a business coach.
- Discounts on client management software.
- Membership certificate, website seal, window decal.
- Free business planning software.
- Special Reports on running a mind-body activity.
(Only a partial list of your membership benefits.)

Associate Membership **\$75 / year**
Regularly \$99.99

Includes:

- Access to the NEW NAMASTA Elite Health Plan (US only) and affordable liability insurance.
- The alternative health care benefit (US only).
- Member rates on legal services, products, etc...
- Access to low-cost liability insurance.
- Exclusive strategies to help you grow your clientele.

* I agree with the membership terms available on the NAMASTA website—www.namasta.com

I understand that.....

- My membership dues do not include insurance,
- NAMASTA is not an insurance company, and cannot give insurance advice.
- My membership must remain active to maintain the insurance policy I select.
- My membership will renew automatically unless I notify NAMASTA in writing (email or postal mail) at least 30 days before my membership expires.

*

Signature (required)

All prices are in US Dollars. Contact NAMASTA about benefits available to Canadian members.

2. Tell us about yourself

* _____
First Name Last Name

* _____
Address—Line 1

Address—Line 2

* _____
City/State/Zip

* _____
Phone

* _____
Email Address

* _____
Birthday (month/day)

Please choose a username and password to access your benefits on the NAMASTA website.

* _____
Username Password

* Activities Qigong Yoga Massage Tai Chi
Other (please specify) _____

How did you hear about us? If you were referred by another NAMASTA member or a partner organization, please tell us the name below.

NQA/NAMASTA partnership

What are your main reasons for joining NAMASTA? (check all that apply)

- Access to affordable liability insurance
- Access to low-cost US health benefits
- Mentoring/Assistance to grow my business
- Networking in the mind-body professions
- Member Savings on Products and Services
- Other (please specify)

3. Tell us how you choose to pay

- Visa American Express
- MasterCard Discover
- Check

Name/Billing Address on Card
(if different from member information) *

First Name Last Name

Address

City/State/Zip

Phone

Email Address

Card Number

Expiration Date

Signature (credit card registration will not be processed without a signature)

FAX to: 1-530-482-2311 at any time of the day
OR MAIL to: NAMASTA Member Registrations,
2313 Hastings Drive, Belmont CA 94002-3317 USA

Thank you for your membership!
Please note that this registration form is for NAMASTA membership ONLY (not for NQA).

Once we've processed your registration, you'll receive a confirmation. Then you'll be able to access most membership benefits online and apply for liability insurance.



Phone: 877-626-2782 (Member Services)
Fax: 530-482-2311
Web: www.namasta.com
Email: info@namasta.com