



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

### 1. Select your membership level

**Professional Membership \$199 / year**

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

- Free mentoring session with a business coach
- Access to low-cost liability insurance
- 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 \$99.99 / year**

Includes:

- Access to the NAMASTA Elite health insurance plan
- 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:  Yoga  Pilates  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.

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!**  
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