



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

Associate Membership RENEWAL

Associate Membership \$ 99.99 / year

Includes:

- Free 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.

Upgrade to the Professional \$199 / year

Includes all the benefits of an Associate Membership, PLUS:

- Free mentoring session with a business coach
- Free business planning software
- Special Reports on running a mind-body activity
(Only a partial list of your membership benefits.)

* 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)

*

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 renewing your membership!



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