

# Membership application

Welcome to the  
*European Union for Yoga Teachers and Yoga Therapists*  
*Europäischen Fachverband für Yogalehrer und Yogatherapeuten*

First name, last name .....

Street, house number .....

Zip code, City .....

Date of birth .....

Phone number .....

Email .....

Occupation .....

## I apply for membership as a full member (please tick):

I completed my training as a yoga teacher at **WEG DER MITTE** / ECYT  
from ..... to.....

I graduated as a yoga teacher at the following Yoga Institute  
.....  
from ..... to.....

I completed the Course Yoga for Health and Healing / BenefitYoga® Therapy Level I at ECYT  
from ..... to.....

I completed the study in BenefitYoga® Therapy Level II at ECYT  
from ..... to.....

(Please copy the completion certificates or participation certificates submitted)

## I apply for membership as a supporting member

I am in training for yoga teachers at **WEG DER MITTE**/ECYT since  
.....

**I work as a Yoga teacher since**

.....  part time  full time

**Rights and obligations**

I have read the page "Rights and Obligations of Members" and agree to the stated conditions.

**SEPA direct debit mandate**

Please debit the annual membership fee from my account

IBAN .....

BIC .....

Place, date, signature .....

The current membership fee is € 90.00 per annum. The annual fee is directly due upon application and valid until the following year February 1st. Membership may be cancelled by written notice to the Board within a period of three months prior to the end of the calendar year, but earliest 18 months after admission.

**Please fill in and send to:**

European Union for Yoga Teachers and Yoga Therapists / EUYT  
Ahornstraße 18  
14163 Berlin  
GERMANY