



Yoga Teachers of Colorado

Application for Membership

Date: ___/___/___

- Type** (check one): Individual/\$35 annually Studio/\$50 annually
- Status** (check one): New Renewing

Member/Contact Name _____

Studio Name _____
(for studio memberships only)

Mailing Address _____

City _____ **State** _____ **Zip Code** _____

Email address (required) _____

Phone number _____

Would you like to be added to our mailing list? Yes No Already subscribed

*** For New Members Only***

How many years have you been teaching yoga? _____

Where did you train to become a yoga teacher? _____
YTOC members must be certified yoga teachers, or have been teaching yoga for 1 or more years.

Please print this form and mail the completed form, along with your check made out to YTOC, to: **YTOC, P.O. Box 6849, Denver, CO 80206**

Once we receive and process your payment (please allow 2 to 3 weeks for processing) we will notify you and you and you will be able to post events and build out your YTOC webpage.

If you have any questions, please contact the YTOC Membership Manager at Membership@YTOC.org

Thank you for joining Yoga Teachers of Colorado & Namaste'!

For internal use only:

___ AM ___ CC ___ Email