



MEMBERSHIP APPLICATION FORM

YOGA AND PSYCHOTHERAPY ASSOCIATION OF INDIA (REGD.)

Name Block letters) :- _____

Present mailing address :- _____

Including (phone/fax and email)

Qualifications :- _____

Area of specialization :- _____

Present Designation/Occupation/Job :- _____

Professional/Teaching/job Experience :- _____

I am willing to become the member of yoga and Psychotherapy Association of India .

Kindly enroll me. Rs./ USS _____ as membership fee is remitted in

Cash /through Bank draft No. _____ dated _____

Drawn in favour of _____

Yoga and Psychotherapy Association of India Payable at Sagar - 470003 (M.P.) India .

Note:- Cheques will not be accepted for any kind of payment.

Signature FOR OFFICE USE

Amount received vide Receipt

NO. _____ dated _____

Membership No. _____

Bank and Account Details for Payments :

Account Name: Yoga and Psychotherapy Association of India Account Number: 10186727675

Bank: State Bank of India (Saugor University Branch, Sagar –MP-India)

Bank Code: 1143 IFSC Code: SBIN0001143 (used for RTGS and NEFT transactions) MICR Code: 470002303

Contact Address:

Yoga & Psychotherapy Association of India

BDS-1, SAGAR UNIVERSITY, SAGAR-470003 (M.P.) INDIA

Phone: 0091 7582 265539 Mob.: 09425656196

Web Site: www.worldpsyche.org OR www.asianpsyche.org

Email: ypai_yoga@live.in or prof.ganeshshankar@yahoo.in