



MEMBERSHIP FORM

Application for Membership into The Kriya Yoga Association of New Zealand

Name

Address

Phone: Home..... Work Cell Phone Email address

Signature of applicant Date

I hereby apply to become a member of the above association. I confirm that I have reached my 18th birthday and agree to abide by the rules and provisions of the Constitution of the Kriya Yoga Association of New Zealand.

I confirm my initiation details as follows:

Initiated by Date and place

Signature of applicant Date

PAYMENT: I enclose a membership fee (Please circle the appropriate fee):
Waged \$70.00 per annum Unwaged : \$45.00 per annum

Method of Payment (please tick): Cheque Internet Banking Cash (No eftpos or credit card facilities)

If you would like to pay by cash, please contact the Treasurer, Vijay Sethi (see below). **Please do not post cash.**

If you are paying by cheque, please make cheque payable to Kriya Yoga Association of NZ Inc Cheque No

If paying by Internet Banking:

Bank: Kiwi Bank, Account No. 38-9003-0855259-00, Account Name: Kriya Yoga Association of New Zealand Inc

IMPORTANT: If paying by Internet banking, please put reference 'KYANZ MEMBERSHIP'

For questions about payment, please contact Vijay Sethi - Phone: (09) 20 5670 / 021 100 6611

For questions about Membership , please contact Deven Pillay on 021 277 1169 / 09-277 5222

Please return completed form and payment to:

Vijay Sethi , Treasurer - KYANZ, 1C Griffin Avenue, Epsom, Auckland (09) 520 5670 / 021 100 6611

Office Use Only

Membership Form & Payment Received By: _____ Date: _____

Registered By : _____

Receipt No. _____ Date: _____