

AAW Membership Application

Thank you for your interest in becoming a member of the **Ayurveda Association of Wisconsin!** Please send the information below to membership@ayurvedawisconsin.org to complete your membership application.

Personal Information

Name:

Date of Birth:

Address:

Phone Number:

Email Address:

Website:

Membership Levels - check the appropriate level

Student and Community Member \$15

Ayurvedic Professional Member \$50

Organizational and Business Member \$75

Heart-of-Gold Donations \$125+, \$250+, \$500+

(Please also indicate the appropriate level for your associated membership)

Membership Donation Amount: \$ _____

Ayurvedic Professional Education

Please attach an image of your certification(s) for review if possible

Location:

Program/Certification Name(s):

Dates of Attendance:

Phone Number:

Additional Notes:

Location:

Program/Certification Name(s):

Dates of Attendance:

Phone Number:

Additional Notes:

May we publish your information in our Members Directory Y N

In-person service location areas:

Preferred contact method: email phone website other please specify

Organization/Business Information

Name:

Address:

Phone:

Description of Ayurvedic Services:

Please email this completed form to membership@ayurvedawisconsin.org.

If you have any questions or concerns email us at membership@ayurvedawisconsin.org to let us know. Looking forward to our future interactions and growth together!