

## ABOUT MEMBERSHIP

The Iyengar Yoga Institute is a charity and not-for-profit company controlled by a Board of Trustees elected from among the membership of the company. Your annual membership gives you the right to vote at general meetings and to stand for election to the Board after 1 year.

You will receive a copy of our annual journal 'Dipika' and regular newsletters.

Current subscription rates are £55 for a full year and £25 for three months. Memberships are non-refundable and cannot be extended. Current class fees are shown on the website ([www.iyi.org.uk](http://www.iyi.org.uk)) and in the class timetable, which can be downloaded from the website.

## VISITORS

We welcome visitors to the Institute, but ask that you become a member if you visit us regularly.

## HOW TO JOIN

Please complete the form along with the Gift Aid and Medical Declarations. You may save a copy of this form to your computer and either print a copy to bring with you on your first visit, or send a completed copy by email. We accept most credit and debit cards, or cash.

## RENEWALS

We will contact you by email or telephone about 2 weeks before renewal is due. The renewal date is the expiry date of the previous subscription. If you are late in renewing, it will be backdated.

## GIFT AID SCHEME

As a charity, HM Revenue and Customs allows us to claim Gift Aid on subscriptions. If you are a UK taxpayer, we can claim back the tax element of your subscription at no cost to you. For every annual subscription this increases our income by approximately £14. If you want further explanation of how this works, please contact the office and we can provide you with a factsheet. Members benefiting from concessionary fees are not eligible for Gift Aid relief.

## IMPORTANT INFORMATION

Yoga positions and classes may pose difficulties for persons with some disabilities or medical conditions. Female students if menstruating, pregnant or trying to conceive are also advised to avoid certain postures and activities.

In the interests of your wellbeing, you should always seek qualified medical advice from your General Practitioner or consultant if you are pregnant, trying to conceive, or have a medical condition or disability which might affect your ability to practise Iyengar yoga.

Whether you are an existing or new student we recommend that you discuss privately with your class teacher whether the class you wish to attend is suitable for you.

The Iyengar Yoga Institute Maida Vale takes seriously its obligation to treat people with disabilities fairly and to make reasonable adjustments. However, not all our teachers are qualified to a sufficient level to teach persons with disabilities and we may not have a suitable teacher available.



## MEMBERSHIP FORM

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Postcode \_\_\_\_\_

Telephone \_\_\_\_\_

Email \_\_\_\_\_

Emergency contact name \_\_\_\_\_

Emergency contact number \_\_\_\_\_

How did you hear about the Institute? \_\_\_\_\_

Age \_\_\_\_\_ Gender \_\_\_\_\_

Subscription (payment by credit card, debit card or cash only) \_\_\_\_\_

Annual membership: £55.00

3 monthly membership: £25.00

## GIFT AID DECLARATION

Please treat this subscription and all future subscriptions as eligible for Gift Aid. I confirm I have paid or will pay an amount of Income Tax and/or Capital Gains Tax for each tax year (6 April to 5 April) that is at least equal to the amount of tax that all the charities or Community Amateur Sports Clubs (CASCs) that I donate to will reclaim on my gifts for that tax year. I understand that other taxes such as VAT and Council Tax do not qualify. I understand the charity will reclaim 28p of tax on every £1 that I gave up to 5 April 2008 and will reclaim 25p of tax on every £1 that I give on or after 6 April 2008.

My subscription should not be treated as a Gift Aid donation.

## MEDICAL DECLARATION (Please complete A or B)

**A.** I consider myself to have a disability or medical condition and have sought qualified medical advice and been told I may practise Iyengar yoga.

I understand I should discuss this with my teacher.

**B.** I do not suffer from any condition which could affect my ability to practise Iyengar yoga.

I accept that failure to disclose a pre-existing medical condition or making a false declaration can result in the case of an accident or injury in the denial of liability, except where IYIMV, its officers, agents or employees have been negligent.

Signed \_\_\_\_\_

Date \_\_\_\_\_

Please print and sign this form and bring it with you to the Institute. You may also save a copy of this form to your computer and send it to the Institute by email. You will be required to sign the form on your arrival.

IYIMV agrees not to release your information to any external party without first seeking your permission. The information on this form is collected, stored and processed for the purposes of IYIMV membership or company administration. IYIMV does not sell or exchange membership lists with other organisations.

## OFFICE USE ONLY. Payment details

Subscription  £55.00  £25.00

Cash  CC  DC

Payment date \_\_\_\_\_

Information checked by \_\_\_\_\_

Membership details \_\_\_\_\_

Membership number \_\_\_\_\_

New  Renewal  Restart

Last expiry date \_\_\_\_\_

This start date \_\_\_\_\_ This expiry date \_\_\_\_\_