



Yoga Co-op of Madison

812 East Dayton Street, Suite 200 Madison, WI 53703

www.yogacoop.com

MEMBERSHIP FORM

(print or scan)

Information about me

NEW MEMBER

or

RENEWING MEMBER

(circle one)

Name: _____

Address: _____

Email: _____

Preferred phone: _____

I would like to receive a copy of the monthly board meeting minutes by email: **Yes** **No** (circle one)

Payment options

Today's date: _____

Amount: **\$60/year** (or \$30 after July 1)

___ **by check** made out to: *Yoga Co-op of Madison*, mailed along with this form to:
812 East Dayton St, Suite 200, Madison, WI 53703.

OR

___ **via PayPal** at: yogacoop.com/membership and email a photo/scan of this form to
membership@yogacoop.com

Benefits of Membership

- discount on classes, series, and workshops
- access to our lending library of books and DVDs
- invitation to social events
- participation in running the Co-op, providing feedback to teachers and board members
- vote on issues subject to member approval at the annual meeting
- opportunity to run for the Co-op Board
- half-price membership available after July 1