



REGISTRATION INFORMATION FOR NIRVANA SOCIETY MEMBERSHIP

Please complete this and mail it to us at **Box 1911 New York NY 10163.**

Or Fax it to +1 646 390 7415 / 0 (44) 207 681 1159

YOUR LAST NAME		YOUR FIRST NAME	MIDDLE NAME
ADDRESS WHERE YOU RESIDE		TELEPHONE NUMBERS (AREA AND COUNTRY CODES) DAY TIME: () EVENING: ()	
YOUR EMAIL ADDRESS		Marital Status Do you want to sponsor your spouse or significant other for membership?	
Your Date of Birth	Are you offended by nudity in private sessions?	YOUR HIGHEST EDUCATIONAL QUALIFICATION	
Are you a member of any organization promoting nudity?		Are you in good health?	
PAYMENT INFORMATION: FOR MEMBERSHIP FEE OF US\$100		3-DIGIT VERIFICATION CODE ON THE SIGNATURE PANEL	
		NAME AS IT APPEARS ON THE CARD:	
CARD NUMBER:			
EXPIRATION DATE:			
ADDRESS WHERE CREDIT CARD STATEMENT IS SENT TO YOU:		Have you attended any Nude yoga Session before? If yes, describe.	
<p>I hereby apply for membership to the Nirvana Society, and understand that my membership allows me to participate in Yoni and Linga Yoga sessions at special membership prices. I also understand that some of these yoga sessions will be conducted in nudity, and I certify that I am not offended by nudity. Also, I understand that the Nirvana Society may terminate my membership or participation in a Yoga session if my behavior toward other members is deemed inappropriate, and the Nirvana society shall be the sole judge of this matter.</p>		 YOUR SIGNATURE AND DATE:	