



monthly membership application

contact details

If you are interested in becoming a member, please complete this form and bring it to the front desk at any one of the Moksha studios.

name _____

phone _____

street address _____ city, state & zip _____

billing address (if different) _____ city, state & zip _____

email _____

select commitment

paid monthly (minimum 3 month commitment – please complete section below)

3 month (paid in full) **\$405** 6 month (paid in full) **\$700** 1 year (paid in full) **\$1,200**

agreement & payment *applies only to memberships paid monthly*

I hereby authorize Moksha Yoga Center, Inc. to debit my account indicated below on a monthly basis. **I agree to a minimum 3-month membership at a rate of \$135/month.** This authority is to remain in effect until I submit to Moksha Yoga Center, Inc. written notification of its termination. I understand a minimum of 30 days notice is required to terminate this agreement. I understand the unlimited monthly membership is valid for classes only and does not include special events, workshops, kirtans or retreats. I also understand that this membership is non-transferable and non-refundable.

signature _____ date _____

Memberships are processed the 1st or 15th of each month, and are pro-rated \$5 each day before your first month's payment. On which day of each month would you like the automatic charge to occur?

1st 15th of the month actual membership start date _____

initial payment amount \$ _____, made by check credit card cash

You are welcome to make a single payment of \$405 to cover your 3 month minimum commitment.

Please select your payment preference:

direct bank account debit

bank name _____

transit / ABA number _____

account number _____

checking savings _____

automatic credit card charge

credit card number _____ expiration _____