

* 20% discount for ATCQA Members!

Complete ALL fields with an asterisk (*). PLEASE PRINT!

1.	Select your membership level		
	Professional Membership \$199 / year		
	Includes all the benefits of an Associate Membership (see below), PLUS:		
	Free mentoring session with a business coach		
	 Access to low-cost liability insurance 		
	 Discounts on client management software 		
	· Membership certificate, website seal, window decal		
	Free business planning software		
	· Special Reports on running a mind-body activity		
	(Only a partial list of your membership benefits.)		
_	\$80.0		
ш	Associate Membership \$99.39 / year		
	Includes:		
	· Access to the NAMASTA Elite health insurance plan		
	Member rates on legal services, products, etc		
	Access to low-cost liability insurance		
	Exclusive strategies to help you grow your clientele.		
	I agree with the membership terms available on the NAMASTA website—www.namasta.com		
	I understand that		
	My membership dues do not include insurance,		
	 NAMASTA is not an insurance company, and cannot give insurance advice. 		
	 My membership must remain active to maintain the insurance policy I select. 		
	 My membership will renew automatically unless I notify NAMASTA in writing (email or postal mail) at least 30 days before my membership expires. 		
*			
	Signature (required)		
	All prices are in US Dollars. Contact NAMASTA about benefits available to Canadian members.		

2. Tell us about yourself

First Name	Last Name
Address—Line	1
Address—Line 2	2
City/State/Zip	
Phone	
Email Address	
Birthday (month	/day)
	a username and password to access your NAMASTA website.
	92/98207 NOV2
Username	Password
	oga ☐ Pilates ☐ Massage ☐ Tai Chi ecify)
Otner (please sp	
How did you he another NAMAS please tell us th	ar about us? If you were referred by STA member or a partner organization, e name below.
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3. Tell us how you choose to pay

Visa	☐ American Express
MasterCard	Discover
	Check
Name/Billing Addres	s on Card
(if different from mem)	ber information) *
First Name	Last Name
Address	
City/State/Zip	
Phone	
Email Address	
Card Number	
Expiration Date	
Clanatura	istration will not be processed without a signature

FAX to: 1-530-482-2311 at any time of the day OR MAIL to: NAMASTA Member Registrations, 2313 Hastings Drive, Belmont CA 94002-3317 USA

American Tai Chi and Qigong Association

Thank you for your membership!

Once we've processed your registration, you'll receive a confirmation. Then you'll be able to access most membership benefits online and apply for liability insurance.



Phone: 877-626-2782 (Member Services) Fax: 530-482-2311 Web: www.namasta.com Email: info@namasta.com