

## AAW Membership Application

Thank you for your interest in becoming a member of the Ayurveda Association of Wisconsin! Please send the information below to [membership@ayurvedawisconsin.org](mailto:membership@ayurvedawisconsin.org) to complete your membership application.

### Personal Information

Name:  
Date of Birth:  
Address:  
Phone Number:  
Email Address:  
Website:

May we publish your information in our Members Directory Y N

Preferred contact method: email phone website other please specify

Membership Levels - check the appropriate level

Student and Community Member \$15

Ayurvedic Professional Member \$50

Organizational and Business Member \$75

Heart-of-Gold Donations \$125+

(Please also indicate the appropriate level for your associated membership)

Membership Donation Amount: \$ \_\_\_\_\_

Ayurvedic Professional Education -  
Please attach an image of your certifications for review if possible

Location:  
Program/Certification Name(s):  
Dates of Attendance:  
Phone Number:  
Additional Notes:

Location:  
Program/Certification Name(s):  
Dates of Attendance:  
Phone Number:  
Additional Notes:

Organization/Business Information -

Name:  
Address:  
Phone:  
Description of Ayurvedic Services:

If you have any questions or concerns email us at [membership@ayurvedawisconsin.org](mailto:membership@ayurvedawisconsin.org) to let us know. Looking forward to our future interactions and growth together!