



## WORLD YOGASANA SPORTS FEDERATION MEMBERSHIP APPLICATION FORM

Organization Name:		
Legal Representative:		
Contact Person:		
Mobile:	Email:	
Organization Address:		
City:	County:	Postcode:
Applicant	Opinion of the WYSF	
We wish to apply as a member of World Yogasana Sports Federation (WYSF), and will comply with the statutes of WYSF and fulfill obligations of the class of membership.  We have known the statutes and all regulations of WYSF, we promise to comply with these.  _____ Signature of Applicant      Date: _____	_____ Signature of Chairman      Date: _____	

- Note:**
1. Please use black carbon pen to fill in this form, scan and send back in PDF.
  2. There are two copies of this form, WYSF and applicant keeps each of them.
  3. Please fill in this form truthfully and sign it with your organization's seal.