Association AYURVEDAACADEMY AAA.

The Registration of companies in England &Wales No; 12491592

Dear Madam, dear Sir,

We thank you for your interest in our association, your application for membership has been taken into account and carefully considered by the Director and members of the Bureau. We are pleased to inform you that your request has been accepted and we are sending you this membership form which you will be kind enough to send back to us completed and signed with the payment of your annual membership fee for 2022-2023. We look forward to welcoming you soon ,

Yours sincerely

Director-Dr. Venkat Joshi

Executive Director -Dr.Sureshswarnapuri

ASSOAyurvedaAcademy AAA The members of the Bureau

To be completed by the member (copy to be kept by the association)

Documents to be provided for your membership application:

- a recent ID photo
- a proof of civil liability insurance for the current year.
- a stamped envelope at the current year's rate for sending the membership card in case the sending by email is not possible

I hereby declare that I wish become a member of the Association AyurvedaAcademy AAA Association and as such I acknowledge the purpose of the association, to have read its statutes and its internal rules and I accept all their provisions. I have taken good note of the rights and duties of the members of the association and I agree to pay my due contribution.

I enclose with this application for membership the payment of my membership fee of 20£ Supporting member of ayurveda for the year 2023-2024

I tick the box corresponding to my payment method:

	I pay by check payable to "ASSO AYURVEDAACADEMY AAA" payment to be sent by post to
the follo	owing address:

Association Ayurveda AcademyAcademy AAA

59, Fernhurst road CRO 7DJ London-UK

	I pay by bank transfer, bank details to be requested from the Bureau contact@aaauk.org
	$Iwould like to make a donation to the association of financial assistance in the amount of {\bf }.$
□ I wou	uld like to donate to the association material assistance of the following nature:

I accept that the association Association Ayurved publications, website or Facebook page, may tal activities and events.	•	
☐ YES I accept ☐ NO I do not accept		
In accordance with Certificate of Incorporation of rectify any personal data concerning you. To exergistered office.		
Done at	On	
Signature of the adherent member :		
Personal information		
Name :		
First name:		
Date of birth andage: Profes-sion:		
Mobile phone num-ber : Mailing ad-dress :		
City and postal code: Country :		
E-mail address:		
Professional information		
Company name :		
Legal form :		
E-mail address:		
Line manager/function:		
Connection to a parent compa-ny/group:		
Website:		

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