COMMONWEALTH YOGASANA SPORTS FEDERATION

NATIONAL FEDERATION MEMBERSHIP APPLICATION FORM

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

Note: ☐ Please use black carbon pen to fill in thisform, scan and send back in PDF. Attach ☐ photograph, photo ID and addressproof of the representative with the form.