



IYENGAR YOGA

NATIONAL ASSOCIATION OF THE UNITED STATES

Request for the use of the Iyengar Name in a Business

Date: _____

Name and Address of Studio: _____

The requirements for the use of the Iyengar name in the business name are as follows:

- Iyengar Yoga is the only method that may be taught in the facility.
- All teachers at these places of business must be certified or under the supervision of a mentor or teacher trainer and in the process of becoming certified.
- If these conditions change the Iyengar name may no longer be used.

Business Owner: _____

Certification Level: _____

List of Current Teachers and their level of certification or status on the path to certification (use "TT" for teachers in training and those preparing for introductory level certification). If you have more than eight teachers please copy this form and add additional names on second page

Teacher Name	Certification Level or Training Status

Business Owner Questions (please answer all)

Is your certification current? YES / NO

Are all teachers at your studio under the supervision of a certified mentor or teacher trainer and in the process of becoming certified? YES / NO

Is Iyengar Yoga the only method being taught at your studio? YES / NO

Return a copy of this form to your regional membership chair and a senior Iyengar teacher in your area. If you have no regional association, send it only to the most senior teacher. Once your application has been processed you will receive a copy with an assigned date for review. You will be notified if your request is denied. Please contact your region or senior teacher if you have any questions. Thank you

Business Owner Signature Date

Regional Association Designate Date

Senior Teacher Signature Date

Review Date