**Ekah Yoga** 

**Co-Op Member Application**

**Please complete this form and return to the studio manager or Crystal Olry. Thank you!**

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| Name | Date submitted |
| Do you have liability insurance? If yes, please attach to this doc.  | Have you attended Ekah for at least 2 weeks? Please join us for classes with our Intro Offer $20 for 2 weeks prior to filling out this form to get to know our community.  |
| Why would you like to be a Co-Op member at Ekah Yoga? |
| Are you interested in hosting workshops or classes? If yes, please describe the purpose of your workshop/class and how often you intend to host.  |
| Desired date/time for class/workshop? | Is there anything else you would like us to know about you? |
| I have read and agree with Co-Op mission available at [ekahyoga.com/co-op](https://ekahyoga.com/co-op). “This space is intended for teachers to feel respected, be encouraged to grow, earn their worth, and are encouraged to participate Ekah Yoga’s evolution. It is my pleasure to work with this group of exceptional teachers and share them with you!” Much gratitude, Crystal Olry Founder, Ekah Yoga |
| Signature | Date |