



Association EUROPEAYURVEDAACADEMY EAA.
Association à but non lucrative de droit français régie par la Loi du 1er Juillet 1901



The EuropeAyurvedaAcademy EAA Association aims to protect, promote, the philosophy, science, practice and teachings of Ayurveda to maintain the balance, health and inner harmony of any individual and society.

The EuropeAyurvedaAcademy EAA Association wishes to promote and disseminate Ayurveda in France through conferences, authentic continuing education, preferably online, conducted by Ayurveda professionals who hold the B.A.M.S in accordance with the recommendations of the WHO and Ministry of AYUSH Government of India.

The EuropeAyurvedaAcademy EAA Association aims to organize and conduct training courses practice in France, India and abroad and to

plan meetings to facilitate exchanges, mutual aid and assistance between Ayurveda professionals. In order to preserve the well-being of all, she also offers Ayurvedic Consultations.

Dear Madam, Dear Sir,

We thank you for your interest in our Association for the promotion and education of Ayurveda. Your application for membership has been taken into account and carefully studied by the Bureau Members.

Hoping to welcome you soon among us, receive our sincere greetings.

Vaidya Suresh SWARNAPURI

The President of the EuropeAyurvedaAcademy EAA Association

The Bureau Members.

Association Loi 1901 - Répertoire National des Associations

N° W653007385 -FRANCE

contact@europeayurvedaacademy.org

www.europeayurvedaacademy.org



MEMBERSHIP FORM 2023
PROFESSIONAL MEMBER IN AYURVEDA

We are sending you this Membership Form which you will be kind enough to send us back filled and signed with the payment of your annual subscription.

Personal Information's

Name-----First Name-----

Date of Birth & Age-----

Profession-----

Number phone-----

Mailing Address-----

City-----Postal Code-----

Country-----

E-mail Address-----

Professional Information's

Company Name-----

Legal Form-----

E-mail Address-----

Line manager/function-----

Connection to a parent Company/Group-----

N°SIREN-----

Website-----

Documents to provide for your membership application:

- ❖ A recent ID Photo
- ❖ A proof of civil liability insurance for the current year
- ❖ A copy of your certificates, diplomas, training certificates, Ayurveda training certificate





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*This Membership Form is to be completed by the Member and returned to the Bureau.
(This Form is to be kept by the Association)*

- ✓ I hereby declare that I wish become a Member of the EuropeAyurvedaAcademy EAA 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 annual subscription of: **75€ Professional Member in Ayurveda for the Year 2023**
- ✓ I pay by Bank Transfer

BNP PARIBAS BANK

NAME - ASSOCIATION EUROPEAYURVEDAACADEMY EAA
IBAN: FR76 3000 4016 5000 0100 5435 788
RIB: 30004016500001005435788
BIC : BNPAFRPPXXX

- ✓ I would like to make a donation to the Association of Financial assistance of an amount of: -----€
- ✓ I would like to make a donation to the Association of a material assistance of the Following nature: -----

- ✓ I accept that the Association EuropeAyurvedaAcademy EAA And its representatives, for its publications, website or socials medias pages, may take, reproduce or distribute photos during its events and activities:

YES, I accept / NO I do not accept

In accordance with the Data Protection Act of 6 January 1978 you have the right to access and rectify any personal data concerning you. To exercise this right, you can contact the Bureau at the following email address:

➤ contact@europeayurvedaacademy.org

Done at: -----

On: -----

Signature of the Adherent Member

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