

**Membership Application/Renewal**

Subscriptions are valid from 1st April 20\_\_\_ to 31st March 20\_\_\_.

*Please tick all applicable:*

* New Membership ***or*** Membership Renewal
* Teaching (£25) Non-Teaching (£15) Honorary Member (£0)

**Teachers**

If you are a new member please confirm your qualification body and year qualified

YFNI

Other\*(please indicate)

\*Please enclose a copy of your qualification certificate

**Insurance**

I confirm I have current teaching insurance: Yes / No

Company Insured with: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE PRINT CLEARLY USING BLOCK CAPITALS**

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| --- | --- | --- | --- |
| Mr/Mrs/Miss/Ms/Dr | | |  |
| Forename: | |  | | | Surname: |  | |  |
| Address: | |  | | | | | | |
|  | |  | | | | Postcode: |  | |
| H Tel No: | |  | | | M Tel No: |  | |  |
| Email Address: |  | | | | | | | |

Signature:

By signing this form you are agreeing with YFNI’s aims, values and policies. <https://yfni.co.uk/our-mission/>

**Membership Payment Options**:

**Bank Transfer** to The Yoga Fellowship of Northern Ireland: Sort Code 09-06-66 Account No 41961423 (please include your name as reference).

**Cheque** - Please make cheques payable to ‘YFNI’.

To assist with administration and ensure your vote at the AGM please return completed membership form and cheque ***no later than*** 30 April to YFNI Membership Secretary, 33 Woodbank Road, Omagh, Co Tyrone, BT79 0NB

**Volunteers Required**

YFNI is run by a group of volunteers but we need more helpers. Do you have any of these skills: finance, administration, marketing, writing, computer or design? If you would be willing to volunteer to support the Committee’s work (you don’t have to join the Committee) then please tick here. Someone will contact you to discuss what you can do to help us…

Thank You.

**Safeguarding Children and Adults at Risk**

Our Safeguarding Statement and updated policy is available on our website at:

<https://yfni.co.uk/yfni-safeguarding/>

**If you have a query about safeguarding issues** **please contact our Safeguarding Officer, Mary O’Rawe at** [**info@yfni.co.uk**](mailto:info@yfni.co.uk)

**Data Protection, Processing and Privacy**

In line with Data Protection Regulations the Yoga Fellowship of Northern Ireland requires to have your express permission, known as ”opting in”, in order to process your personal information. Please read through the following options and register your agreement by ticking each box where appropriate and return it along with your membership form to the Membership Secretary. The information you provide in this form will be used solely for dealing with you as a member of The Yoga Fellowship of Northern Ireland. We will not share your personal data to third parties without your permission and all data will be held securely.

You can view further information on YFNI’s Data Privacy Policy on our website at

[Privacy Policy - Yoga Fellowship NI](https://yfni.co.uk/privacy-policy-2/)

Please tick

I give my consent for my personal data to be held by

The Yoga Fellowship of Northern Ireland.

I give my consent to be added to the WhatsApp group -

The Yoga Fellowship of Northern Ireland.

I accept the policies of The Yoga Fellowship of Northern Ireland.

I wish to receive email updates from The Yoga Fellowship of Northern Ireland

I am a Yoga Teacher and wish my profile on the website to be publicly

visible and understand that I am responsible for the accuracy of the information

held on that profile.

As a Teaching Member I would like The Yoga Fellowship of Northern

Ireland to share my contact details with members of the public.

You may change these preferences at any time by contacting [membership@yfni.co.uk](mailto:membership@yfni.co.uk)

Signed: Date:

**Teaching Record**

**Continuous Professional Development**

YFNI requires all teaching members to complete at least 2 days Continuous Professional Development. Please use this to advise YFNI of the ***Continuous Professional Development*** events you have attended in the past year (to 31 Mar).

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| --- | --- | --- | --- |
| **Date** | **Organisation** | **Event/Tutor** | **Hours** |
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**First Aid Certificate**

Please confirm your First Aid Certificate details. YFNI requires teaching members to have a valid certificate.

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| --- | --- | --- |
| **Date Taken** | **Awarding Organisation and Level** | **Expiry Date** |
|  |  |  |

Please return this completed form, payment (if cheque) and, if applicable, certificate of teacher training to:

YFNI Membership Secretary, 33 Woodbank Road, Omagh, Co Tyrone, BT79 0NB.