

## Hrvatski Ayurveda Institute -Ayurveda Therapist

The Registration of Institute in Croatia-21014637 OIB-37625645906

Dear Sir/Madam

We thank you for your interest in our association, your application for membership has been taken into account and carefully considered by the Director and members of the Bureau. We are pleased to inform you that your request has been accepted and we are sending you this membership form which you will be kind enough to send back to us completed and signed with the payment of your annual membership fee for 2023-2024. We look forward to welcoming you soon ,

Yours sincerely

President—Dr.SureshSwarnapuri

Vice President—Dr.Venkat Joshi

Hrvatski Ayurveda Institute HAI The members of the Bureau

To be completed by the member (copy to be kept by the association)

Documents to be provided for your membership application:

- a recent ID photo
- a proof of civil liability insurance for the current year.
- a stamped envelope at the current year's rate for sending the membership card in case the sending by email is not possible

I hereby declare that I wish become a member of the Association AyurvedaAcademy AAA 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 membership fee of 10€ Supporting member of ayurveda for the year 2023-2024

I tick the box corresponding to my payment method:

I pay by check payable to "Hrvatski Ayurveda Instittut HAI" payment to be sent by post to the following address:8 Kraljia Drzislava Zagreb-Croatia.

Hrvatski Ayurveda Institut—

I pay by bank transfer, bank details to be requested from the Bureau -[aaa.croati-aayurveda@gmail.com](mailto:aaa.croati-aayurveda@gmail.com) -IBAN -HR0524020063290198325

I would liket to make a donation to the association of financial assistance in the amount of €20

I would like to donate to the association material assistance of the following nature:

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I accept that the Hrvatski Ayurveda Institute HAI and its representatives, for its publications, website or Facebook page, may take, reproduce or distribute photos during its events, activities and events.

YES I accept  NO I do not accept

In accordance with business entity at the state Bureau of statistics number 21014637. you have the right to access and rectify any personal data concerning you. To exercise this right, you can contact the association's registered office.

Done at \_\_\_\_\_ On  
\_\_\_\_\_

Signature of the adherent member :

**Personal information**

Name :

First name:

Date of birth and age:

Profession:

Mobile phone number :

Mailing address :

City and postal code:

Country :

E-mail address:

**Professional information**

Company name :

Legal form :

E-mail address:

Line manager/function:

Connection to a parent company/group:

Website :