

Membership #:



Teacher's Comments:

The Aromansse -- Program Application

MEDITATION LEVEL: _____

First Name: _____ Last Name: _____

Name you like to be called _____ Date of birth: _____ Sex: _____

Address: _____

City: _____ State/Prov.: _____ Postal Code: _____ Country: _____

Home phone:(____) _____ Business phone:(____) _____ Fax:(____) _____

E-mail: _____

Married: ____ Children: ____ Occupation: _____

Anything that your instructor should know:

I, _____, desire to participate in the Aromansse Program entitled _____, scheduled to be held at The Aromansse Studio.

I enclose my entire meditation course fee of \$199.00, tax included on or before the first day of class. Tuition is not refundable. Credit Cards are not accepted for meditation tuition.

What is your method of payment?

- Cheque
- Post-dated cheques, ____cheques.
- Cash

Signature