Membership #:	**Date:**

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 $210, tax included on or before the first day of class. Tuition is not refundable.

What is your method of payment?

○ Cheque ○ Post-dated cheques ○ Cash ○ e-Transfer ○ Credit Card

Signature