



Kula Affiliate Application

Spread the Karma, Join Our Kula

Studio Name: _____

Street: _____ City: _____

State: _____ Zip code: _____

Contact: _____

Phone Number: _____

Email: _____

Teacher Training Dates: _____

Type of Training: _____

Approximate Number of Trainees: _____

Website: _____



Please share the history of your studio and your Teacher Training Program.

When is the best time for Kula for Karma to make a presentation to your trainees?

When is the best time to host a Kula for Karma donation based community class?

Do your teachers currently offer free and/or volunteer yoga classes in your community?



Please provide social media information if available:

Facebook: _____

Twitter: _____

Instagram: _____

Please attach studio's logo for use on our website



If my studio is accepted as a Kula Affiliate, I agree to meet the requirements of allowing Kula for Karma to be the seva (volunteer) arm of my studio training, as outlined in the Kula Affiliate Program PDF form.

Name: _____ Date: _____

Signature: _____