

Dallas Naked Yoga for Men (DNY4M)

NEW MEMBER INFORMATION		FIELDS MARKED WITH AN * ARE MANDATORY		
Name [Last, first]				*
Mailing Address				
City, State, Zip				
Driver's License # and State of Issue			*	Birth Date
Phone Number	home / cell			Age
COMMUNICATION INFORMATION				
Your e-mail address				*
Want to receive e-mail notices ?	<input type="checkbox"/> Yes <input type="checkbox"/> No			*
Are you a member of DNY4M Yahoo Group?	<input type="checkbox"/> Yes <input type="checkbox"/> No, don't want to be <input type="checkbox"/> No, sign me up!			*
How did you hear about DNY4M? [please list]	<input type="checkbox"/> website: <input type="checkbox"/> friend: <input type="checkbox"/> other:			
MEDICAL / HEALTH INFORMATION				
List any physical or medical considerations, conditions or injuries that might affect your yoga practice. (e.g. problems with heart, back, neck, joints, arms, legs, etc.). Note: this allows the instructor to suggest adjustments in order to reduce risk of injury and improve your practice.				*
SPACE BELOW TO BE COMPLETED BY MODERATOR ONLY				
JOIN DATE:	<input type="checkbox"/> ADDED TO DNY4M YAHOO GROUP		<input type="checkbox"/> UPDATED CONTACT INFO	

OK then, TAKE IT ALL OFF!! Have a great practice!