



Student Confirmation Form

This form documents that the student is currently enrolled in an Ayurvedic program and is a student in good standing. **The school administrator must complete this form and return to NAMA at info@ayurvedanama.org. Once this form is completed and returned, the student must also create an online account to receive membership.**

For Student Membership NAMA defines a student as

1. formally attending an Ayurveda educational program that awards degrees or “certificates of completion” that will lead to a 600+ hour program at the Ayurvedic Health Counselor level or above
2. enrolled in a program with the intention of continuing that program for a minimum of three (3) months at the time of applying for Student membership
3. attending a U.S.-based Ayurveda school, or for those students studying outside the U.S., the student has the legal ability to work in the U.S.
4. that such program is structured to be completed within a specified time frame, not to exceed three (3) years.

Student Information

The following student seeks to apply to the National Ayurvedic Medical Association for Student Membership.

Student Name:

Phone Number:

Email Address:

Does the student qualify for a Student Membership? Yes No

What is the student’s program of study? AHC AP AD AYT PKT

Completion Date:

School Information

School Name:

Address:

Email Address:

Phone Number:

Administrator:

Date:

Please forward confirmation to NAMA:
National Ayurvedic Medical Association
Email: NAMA@ayurvedanama.org

