

**Berkshire Kripalu Community Membership Application**

Please print legibly

Name of applicant: (More than one name requires Couple/Family membership.)

1. \_\_\_\_\_ 2. \_\_\_\_\_

Children's names: (Requires Couple/Family membership.)

\_\_\_\_\_

Mailing address:

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ E-mail \_\_\_\_\_

**Membership in the Berkshire Kripalu Community is limited to people with a residence within 50 miles of Kripalu. If the above residence is more than 50 miles away from Kripalu, please indicate below the location of your permanent second home within the 50 mile radius.**

Name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Is this a **new** membership? \_\_\_\_\_ Or a **renewal**? \_\_\_\_\_

**The following annual membership dues are in effect as of October 1, 2007.**

Regular annual fee:

\$75 per year for Individual

\$105 per year for Couple/Family

Low income annual fee:

\$60 per year for Individual

\$80 per year for Couple/Family

Make your check or money order payable to the **Berkshire Kripalu Community**.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Send your application and check to: BKC Membership, P.O.Box 17, Richmond, MA 01254,  
Or turn them in to the Front Desk at Kripalu.

**Your BKC membership begins when you receive your name tag in the mail.**