



NIRVANA HOLISTIC SOLUTIONS, INC.
NIRVANA SOCIETY

P.O. BOX 9215, LOMBARD IL 60148. U.S.A

YOUR NAME (LAST, FIRST)

STREET ADDRESS 1

STREET ADDRESS 2

CITY, STATE, POST CODE,

COUNTRY, TELEPHONE NUMBER

YOUR EMAIL ADDRESS

DATE OF BIRTH (MM/YY)

ARE YOU OR HAVE YOU BEEN A MEMBER OF ANY NUDIST CLUB? YES NO

METHOD OF PAYMENT CREDIT CARD MONEY ORDER CASH

CREDIT CARD # EXP. DATE

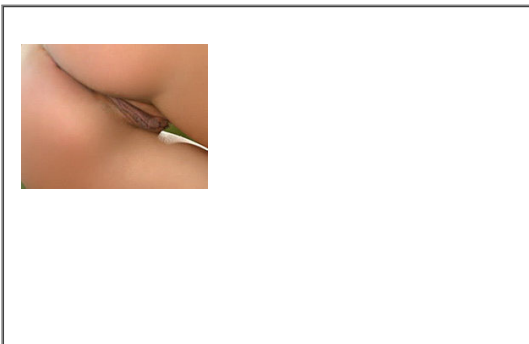
3/4 DIGIT V CODE NAME ON CARD

ADDRESS FOR CREDIT CARD (IF DIFFERENT FROM ABOVE)

CHOOSE THE MEDIUM FOR 50 WELCOME VIDEOS (MP4) SD CARD microSD CARD

CERTIFICATION

I hereby apply for membership to the **Nirvana Society**, and understand that my membership allows me to participate in Yoni and Linga Yoga sessions at special membership prices. I also understand that some of these yoga sessions will be conducted in nudity, and I certify that I am not offended by nudity. To renew my membership, I will pay U\$50 each year after year 1. In acceptance of these terms, please sign and date in the next box.



Mail the completed form with your payment (if by means other than credit card) to **NHS Inc., P.O.Box 9215, Lombard, IL 60148. U.S.A**
If paying with credit card, you may fax this completed form to +16463907415 (USA/Canada) or to +44 (0) 207 681 1159.