



Pilates Alliance Australasia
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STUDIO REGISTRATION or RE-REGISTRATION:

STUDIO REGISTRATION IS RENEWABLE EVERY THREE YEARS. Due 2009

If you are **already a Level 2 member** and have your own studio, you can apply **in addition** to your personal membership, for studio membership

Studio Name: _____

Studio Address: _____

Postal Address: _____

Studio Phone: _____ Fax: _____

Phone (M): _____

Email address: _____

Director/Applicant Name: _____

Director Address: _____

Director Phone: (H) _____ (M) _____

Director Email address: _____

1. Are you (the applicant) the Lead Instructor at the above-mentioned studio? YES / NO

2. Is the Lead Instructor the only Instructor at the Studio? YES / NO

If YES, SOLE TRADER STUDIO REGISTRATION applies, \$200.00

3. Is there more than 1 instructor at your studio? YES / NO

If YES, STUDIO REGISTRATION applies, \$500.00

4. How many total instructors within the studio? _____

Please list each instructor name and level applicable to the Alliance:

Lead Instructor _____ Level _____

Full Name _____ Level _____

Full Name _____ Level _____

Full Name _____ Level _____

Full Name _____ Level _____

Full Name _____ Level _____

Full Name _____ Level _____

Please ensure that the majority of instructors listed are current members of the Alliance. An Alliance recommended studio should be led by a minimum Level II instructor.

As a studio registered with the Alliance, the director of the studio must ensure that he/she informs the Alliance immediately of any relevant changes to staff, particularly in the instance of a change to the lead instructor position.

Statement:

I, _____ as director of _____ agree that in applying for studio registration with the Alliance I have read and understood the requirements of registration and confirm that the above named studio abides by the criteria, guidelines and rules as set down by the Pilates Alliance of Australasian (the Alliance). This includes the instructor to client ratio of 4:1 in the studio work and a 12:1 to 20:1 ratio for matwork (dependent on instructor level). I agree to ensure that the studio takes all steps to promote high levels of supervision and integrity of client training and that the instructors of the studio will continue with ongoing educational requirements as set down by the Alliance. I agree to inform the Alliance of any relevant staff changes in the studio.

Signed: _____ (Director) Date: _____

INTERESTED IN EDUCATIONAL BODY MEMBERSHIP?

I would like to receive documentation to apply for registration as an Educational Body:

Name: _____

Address: _____

