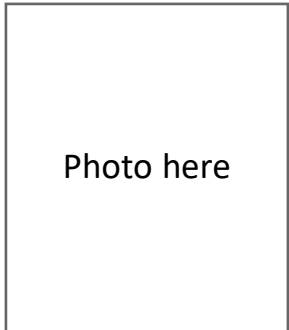




ASTROSATVA COUNSELING SERVICES

ASSOCIATE MEMBERSHIP FORM



First Name _____

Last Name _____

Father's Name _____

Address _____

Contact No. _____ Website _____

Email _____

Occupation _____

Aadhar No./Passport No. _____

Membership Fees Rs. 11,800 (Including 18% GST)

AstroSatva is an online platform for astrology courses and consultation.

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ASTROSATVA COUNSELING SERVICES

DECLARATION

I _____, student member of AstroSatva Counseling Services, affirms that diligently and to the best of my ability I will:

- Resolve above all, never to bring harm to a client.
- Never needlessly frighten a client with extreme predictions nor create false hopes in a client
- Maintain strict confidentiality regarding all information shared by the client.
- Constantly improve my astrological skills and practice only within the boundaries of my expertise.

I hereby give my consent to abide by the above stated principles throughout the tenure of my membership with AstroSatva Counseling Services and understand that:

- This is a yearly membership and may be renewed periodically.
- Violation of above principles will result into termination of my membership and certificates. Also, the membership fees will be forfeited by AstroSatva Counseling Services.

(Member's Signature)

(Authorised Signatory)

(Date)

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