



## Affiliated Instructor & School Application

Name \_\_\_\_\_

hereby, applies to be recognized as a Masich Internal Arts Method Affiliated Instructor.

City, Country \_\_\_\_\_

Email address \_\_\_\_\_

Telephone number (with country & area code) \_\_\_\_\_

Website \_\_\_\_\_

I also wish to register my school as affiliated  
(leave blank the following if you are registering as an instructor only)

Name of school \_\_\_\_\_

School address \_\_\_\_\_

School website \_\_\_\_\_

If accepted, our school agrees to study the curriculum diligently, train with sincerity, and respect and uphold the values upon which The Masich Internal Arts Method and its practices are built.

Signature, date \_\_\_\_\_

Comments \_\_\_\_\_

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Please email this completed form to: [masich.internal.arts@gmail.com](mailto:masich.internal.arts@gmail.com)