

Yongquan Tai Chi Chuan Association and Yongquan Martial Arts
Membership Application Form

Please Print clearly

Title: Mr Ms Mrs Miss Dr **delete as appropriate**

Name: _____ DOB: _____ Gender: M F **delete as appropriate**

Address: _____ e-Mail address: _____

_____ Tel. Evening: _____

_____ Tel. Daytime: _____

_____ Contact Name: _____

Class attending: _____ Contact No: _____

Please disclose any health problems which may have a bearing on the practice of Tai Chi Chuan and related arts:

Declaration:

I hereby declare that, to the best of my knowledge and belief, I know of no reason, medical or otherwise, why I should not practice the arts taught in this class.

I know of no medical conditions, other than those disclosed above, which may have a bearing on my practice of these arts.

I agree to abide by the YTCCA constitution and code of ethics and behaviour.

I hereby apply for membership.

Signed applicant: _____ Date: _____

Signed Instructor: _____ Date: _____

Please pay by cheque if possible, made out to the YTCCA.

Cheques can be mailed directly to Sifu Donald Kerr, 55 Bertram Road, Hendon, London, NW4 3PR.