

Membership Application Form

(Office use)

						N	1embersh	ip no.		
Name										
Date of Birth					(Gender				
Country	Occupation					HKID Card / Passport No.				
Correspondence Address			·		7	Tel.				
Email										
Brief History of P	Practising Wushu	:								
Organisations	Name of Sifu (Instructor) Years of pract				ice	e Years of Teaching Since				
Who introduce /	recommended Name				Pr	int	Tel:			
Are you qualified	re you qualified to be a Judge Yes /				Are you qualified to be a			Y	es /	No
Membership Typ		* Please √			(Offical Use)					
1. Permanent Me	ember (Fee \$1,00	00))			Date Card Issued:				
2. Ordinary Member (Fee \$500 - 5 y			5 years)			Membership gift : *				
(Office use)										
Date of Approved	1:									
		《No	nliabil	lity agreen	nen	ıt 》				
I have no claim for compensation against the Federation for personal injury or damage arising from my participation in any activity organised by the Federation.										
Signature :						Date : _				
★ (Please affix a copy of your HKID Card) or passport) Please affix a copy of your recent photo										