

## **Membership Application Form**

(Office use)

			Membership no.								
Name											
Date of Birth					(	Gender					
Country	Occupation					HKID Card / Passport No.					
Correspondence Address						Tel.					
Email										· ·	
Brief History of P	ractising Wushu	:									
Organisations	Name of Sifu (Instructor) Years of practic					e Years of Teaching Sir					ce
	-										
Who introduce / recommended Name				,	Print			Tel:			
Are you qualified	Yes / No Are you			ı qu	alified to be a	ch	Ye	es /	No		
Membership Typ	e	* Please √			((	(Offical Use)					
1. Permanent Me	mber (Fee \$1,00	))			D	Date Card Issued:					
2. Ordinary Mem					M	Membership gift : *					
(Office use)											
Date of Approved	1:										
《 Agreement rules》 I, the undersigned, am willing to abide by the rules and regulations of Hong Kong Yangs Taijiquan Federation.											
		<b>《No</b>	nliabil	lity agreer	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.											
Signatu				Date:					_		
★ (Please affix a copy of your HKID Card) or passport						*		se affix ir recen			