



美國傳統中國武術總會
United States Traditional Kung Fu Wushu Federation

Type of membership you are applying for: Individual Member _____ School Member _____

PERSONAL INFORMATION

Name: _____ Date of Birth _____ Sex _____

Address _____

City _____ State _____ Zip _____

Phone (Day) _____ (Evening) _____

Occupation _____ Name of Employer _____

May we include your name in a resource file for Federation use? Yes _____ No _____

MARTIAL ARTS INFORMATION

Current Style or Affiliation _____

School Name _____

School Address _____

City _____ State _____ Zip _____ Email _____

Phone () _____ Name of Sifu or Head Instructor _____

I HEREBY ATTEST AND AFFIRM THAT THE ABOVE STATEMENTS ARE TRUE TO THE BEST OF MY KNOWLEDGE

APPLICANT SIGNATURE DATE

PARENT OR GUARDIANS' SIGNATURE DATE
(APPLICANT IS UNDER THE AGE OF 18)

- Membership fee for Individual or School is \$200.00 per year (apply before December 31, 2004 will be entitled to a lifetime membership).
- Mail your membership fee in the form of Check or Money Order (No cash please) made payable to:
USTKWF 658 South King Street, Seattle, WA 98104
- Please attach one (1) recent photo of passport size for your membership card.