



全美傳統武術文化總會
United States Traditional Kung Fu & Cultural Federation
MEMBERSHIP APPLICATION

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)

- Lifetime Membership fee for Individual or School is \$200.00.
- Mail your membership fee in the form of Check or Money Order (No cash please) made payable to:
USTKFCF, 10730 Connecticut Avenue Kensington, MD 20895
- Please attach one (1) recent photo of passport size for your membership card.