



美國全國太極拳總會

USA NATIONAL TAI CHI CHUAN FEDERATION

Name: _____ Sex: M ___ F ___ DOB (mm/dd/yy): ___/___/___

Street Address: _____

City: _____ State/Province: _____ Zip: _____ Country: _____

Telephone (day): _____ (eve.): _____

Email: _____

Years experience: _____ Current style or affiliation: _____

School Name: _____ School membership no.: _____

Type of membership (check one):

Individual: [] One year: \$40
[] Two years: \$70
[] Lifetime: \$300

School: [] One year: \$150
[] Two years: \$200
[] Lifetime: \$600

[] **Special School Lifetime Membership Offer.** One school lifetime membership (including membership for school owner) plus six individual lifetime memberships: \$900

I certify that I have voluntarily submitted this membership application to USANTCCF, and agree to abide by all rules and regulation. I further certify that all of the information I have provided is true and correct to the best of my knowledge and belief. I fully understand and agree that participating in USANTCCF events and tournaments carries the risk of accidental injury or death and hereby assume that risk. I release from liability and waive any claims I may have against USANTCCF, its officers, judges, referees, employees, and volunteers.

Parent or guardian's signature if applicant is younger than 18: _____

Applicant's signature: _____ Date: _____

Please make check or money order payable to USANTCCF and send with completed application form to:

USANTCCF, 249 Broad Street, Manchester, CT 06040 USA

Phone (860) 646-6818

usantccf@gmail.com

www.usantcf.org

Office Use Only

Date: _____ Received by: _____ Amount: _____ Check #: _____

Mem. #: _____