



# 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: \$45  
[ ] Two years: \$80  
[ ] Lifetime: \$350

School: [ ] One year: \$200  
[ ] Two years: \$300  
[ ] Lifetime: \$900

[ ] **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](mailto:usantccf@gmail.com)

[www.usantcf.org](http://www.usantcf.org)

### Office Use Only

Date: \_\_\_\_\_ Received by: \_\_\_\_\_ Amount: \_\_\_\_\_ Check #: \_\_\_\_\_

Mem. #: \_\_\_\_\_