Single Membership/Family membership
***Delete as appropriate**

T'ai Tsung Membership & British Council For Chinese Martial Arts (BCCMA) Licence Application Form

Block Capitals Please

***Mr/*Miss/*Ms/*Mrs/*Dr..... .....**
(Delete as appropriate) Surname Forename(s)

Single/Married/Etc.:.....Nationality:.....

Home Address:
.....

.....

Home Tel No:..... E-mail ……..

Occupation:.....Work Tel No: .....….

Date Of Birth: – – Age:..... years.....months
D D MM Y Y Y Y

Membership Applied Through:

Instructor(Print)..... Signature:.....

Name of your Doctor:
.....

Address of Surgery: .....

.....

Tel No:.....

Health Screening

Do you suffer from any of the following: Asthma☐ Blood Pressure☐ Diabetes☐ Epilepsy☐

Other Please give details: ……

Emergency Contact Person
Name: _____ Relationship_____ Tel No. _____

Address _____
_____

Signature of Applicant or Parent/Guardian
(if applicant is a minor)_____ Date_____