

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: DD MM YYYY - Age:..... years.....months

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 _____