



## Membership Application Form

Surname:

Other name:

Address:

Postcode:

Telephone:

Email address:

Date of birth

Current Age:

Your Instructor/Teachers Name:

Give details of previous martial arts experience (if any):

Why do you want to practice Taijiquan?

Health / Relaxation

Self Defence / Martial Application

Sport / Competition

Do you suffer from any of the following?

Diabetes

Epilepsy

Haemophilia

Migraine

Hepatitis

Asthma

Heart Disorder

Nervous Disorder

Physical Disability

Other:

Are you currently taking prescribed or non prescribed medication?  Yes  No

If yes, please give details:

If you have any doubts about your health, it would be advisable to consult your GP before participation. Is there any information which you think might affect or influence your participation?  Yes  No

If yes, please give details:

Signature

Date:

If the applicant is under 18 years of age, parent or guardian authorisation is required.

Signature

Date:

Please print this page and send with a cheque for £21.00 to LONGFEI TAIJI ASSOCIATION, this includes your BCCMA Membership. Longfei Membership Secretary, Karen Watson, 3, Westland Drive, Brookmans Park, Hatfield AL9 7UG