

Office:

NTCCA (Administration)
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NTCCA

NATIONAL TAI CHI CHUAN ASSOCIATION
ORIGINAL YANG STYLE
TAI CHI CHUAN



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APPLICATION FOR MEMBERSHIP

Page 1 (one) of 2 (Two)

SURNAME:	1 ST NAME:	TITLE:

ADDRESS:

	Postcode
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Telephone Number Day:	Mobile:
Telephone Number Day:	Email:

Male/Female	Date of Birth
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Have you attended any Tai Chi/Chi Kung classes/seminars before?	**YES/NO
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If yes:	Which style(s) did you practice
	Name(s) of Teacher(s)
	When was this and for how long did you learn this/these style(s)
	Your reason for discontinuing this/these course(s)

Have you any other Martial Art Training ?	**YES/NO
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If yes:	Please give details (when/style/grade/experience etc)
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What are your reasons for wanting to learn Tai Chi Chuan?
 Personal development () Health () Confidence () Meditation () Philosophy () Self defence () Application
 General interest () any other reason (Please State briefly your reasons)

I Would like to attend the following beginners class	/ / 2008	DAY	TIME
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Declaration:

I, the under signed , hereby agree to abide by the following terms and conditions:

- (1) I shall follow and uphold and abide by the rules and regulations of the NTCCA (hereafter called the Association).
- (2) I understand the Association reserves the right to withdraw my membership and dismiss me from the NTCCA immediately, where the Association believes rules and regulations have not been adhered to or for and other reason the Association feels necessary.
- (3) I shall not hold the Association or any members or agent of the Association liable for any injury and/or illness resulting from any such injuries that may be incurred, whether these injuries and/or illnesses resulting from the aforesaid injuries be:
 - (a) Incurred during or after my courses of training or otherwise at any time..
 - (b) Incurred at any time while attending the school or anywhere on the premises where the school is held.
 - (c) Caused accidentally, negligently, or otherwise by any party.
- (4) I hereby declare the information given above (page 1) to be correct.

Date:Signature:

Print Name:

If under 18 years of age Parent /Guardian should complete the following.

I (Print Name) being the Parent/Guardian * of the above, am fully aware of he terms and conditions and declaration pertaining to the application for membership of the NTCCA and have attended the open evening of the school and satisfied myself with regard to the practises of the school such that I give permission for my son/ daughter* to attend classes.

Date:Signature:

Address.....

.....

..... Post Code.....

*delete as appropriate

FOR OFFICE USE ONLY

PHOTO
X2
PRINT NAME ON REVERSE
OF PHOTO
DO NOT AFFIX

DATE OF ENQUIRY		SOURCE	
DATE SENT		DATE RECEIVED	
EF		APC No.	
E No.			
DATE ENROLLED		CLASS	
CONF.			
MEMBERSHIP No.		S No.	