



# International Yang Family Tai Chi Chuan Association Affiliated School Application

CERTIFICATE NUMBER : \_\_\_\_\_  
[For Officer Use Only]

## 1. IDENTIFICATION

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Sex : M F Birth Date: Month Day Year

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip code \_\_\_\_\_ Country \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_ YCF Center (if applicable) \_\_\_\_\_

Level: \_\_\_\_\_ Date: \_\_\_\_\_

Member ID \_\_\_\_\_ Current Rank & Date Obtained \_\_\_\_\_ Current Ranking Certificate ID \_\_\_\_\_

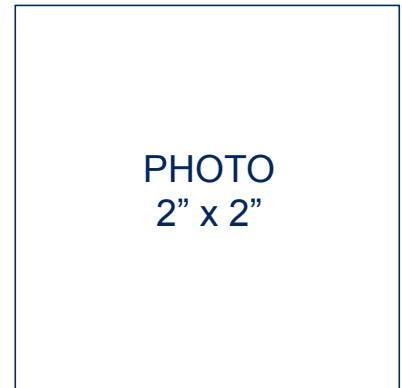


PHOTO  
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## 2. TRAINING, TEACHING AND PROFESSIONAL EXPERIENCE

A. Describe your martial arts training including training in Tai Chi Chuan. (Attach additional pages if necessary)

B. Describe your experience as a teacher of Tai Chi Chuan.

C. Describe your professional training and experience.

### 3. RECOMMENDATION OF MORAL CHARACTER

(Recommendation of person's moral character from one Center Director or one Teacher or at least three Colleagues.)

### 4. FOR ASSOCIATION USE ONLY

Officer Comments: \_\_\_\_\_

Association Comments: \_\_\_\_\_

Note: Submit this Application, along with a \$50 Application Fee to:

International Yang Family Tai Chi Chuan Association  
Membership Department

P.O. Box 786, Bothell,  
WA 98041 USA

Email: [members@yangfamilytaichi.com](mailto:members@yangfamilytaichi.com)

Applicants will be notified within six months.