



International Yang Family Tai Chi Chuan Association Yang Chengfu Tai Chi Chuan Center 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 _____

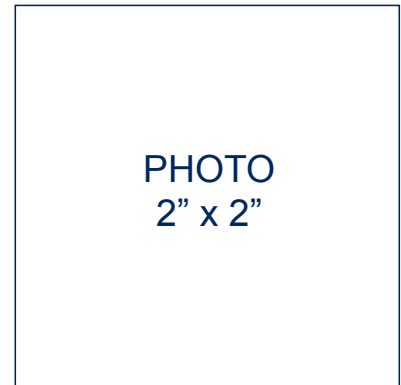


PHOTO
2" x 2"

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.
Applicants will be notified within six months.