Membership: Single/Family *Delete as appropriate*		Membership: New/Renewal *Delete as appropriate*

T'ai Tsung Membership & British Council For Chinese Martial Arts (BCCMA) Licence Application Form

Title	Mr / Mrs / Miss / Ms / Dr (circle where appropriate)
Surname	
Forename/s	
Date of Birth	Day Month Year
Sex	MALE /FEMALE (delete as appropriate)
Nationality	
Address (first line)	
Town / City / Post Code	
Telephone Numbers	Home: Mobile
Telephone No.	Work:
Email Address	
Occupation	
Name of your Doctor and address	Dr _____ Surgery_____ _____Post Code_____ Phone No. _____
Health Screening Do you suffer from any of the following? Please tick	☐ Asthma ☐ High Blood Pressure ☐ Diabetes ☐ Epilepsy ☐ Low Blood Pressure Other please give details:
Emergency Contact	Relationship: Tel No.
Emergency Contact Address	
Membership applied Through (Instructor name)	:
Instructor signature	

I give/do not give my permission for filming and photographs to be taken of my child as part of their Kung Fu/ Taiji Quan/Chinese Boxing session, which maybe used in leaflets, newspapers articles and website.

Signature of Applicant or Parent/guardian (if applicant is a minor under 18 years old)

Signature: Date: / /