

INTERNATIONAL WING CHUN MARTIAL ART ASSOCIATION

MEMBERSHIP APPLICATION

Personal Information

Name _____ Date of Birth _____
Address _____
City _____ State _____ Zip _____
Phone () _____ E-mail _____

Wing Chun Student Information

(Fill Out This Portion If You Are Currently A Student)

Years of Wing Chun Practice: _____
Instructor's Name: _____
Name of School You Attend: _____
School Address: _____
City: _____ State: _____ Zip: _____
Phone: () _____ Website: _____
Previous Style(s) of Martial Arts Training: _____

Wing Chun Instructor Information

(Fill Out This Portion If You Are Currently A Wing Chun Instructor)

Years of Teaching Wing Chun: _____ Years of Wing Chun Practice: _____
Your Sifu's Name: _____
Name of Your School: _____
School Address: _____
City: _____ State: _____ Zip: _____
Phone: () _____ Website: _____
Previous Style(s) of Martial Arts Training: _____

Signature: _____ Date: _____

Lifetime Membership Fee: \$25 US
Please include check or money order
and send registration & payment to:

Chan's Kung Fu School
3158 Division Ave S
Wyoming, MI 49548

IWCMAA Contact Information

Director Sam Hing Fai Chan
(616) 475 - 9021
www.chanskungfu.com/iwcmaa
sifu@chanskungfu.com

Membership Card and/or Certificate will arrive in 10-15 business days.