

INTERNATIONAL WING CHUN MARTIAL ART ASSOCIATION

OUT OF STATE INSTRUCTOR TRAINING PROGRAM REGISTRATION FORM

Personal Information

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

Wing Chun Student Information

Years of Wing Chun Practice: _____ IWCMAA Rank: _____
IWCMAA Rank Certified By: _____
Instructor's Name: _____
Name of School You Attend: _____
School Address: _____
City: _____ State: _____ Zip: _____
Phone: () _____ Website: _____

Instructor Information

Do You Currently Teach Any Martial Art? Yes _____ No _____
If Yes, Please Fill Out the Following Information.
Name of Your School: _____
School Address: _____
City: _____ State: _____ Zip: _____
Phone: () _____ Website: _____
Style(s) Taught: _____

Signature: _____ Date: _____

IWCMAA Wing Chun Instructor Training Program Registration Fee: \$75

Make check payable to "Chan's Kung Fu School" and mail your check and completed registration form to:

Director Sam Chan
IWCMAA Headquarters
3158 Division Ave S
Wyoming, MI 49548
USA