

Wu's Tai Chi Chuan Academy, Archway, London, U.K.  
Member Registration Form

Title:.....First Name.....Family Name.....

Address .....

.....

.....Post Code .....

Email .....

Home Phone ..... Work Phone .....

Mobile Phone .....

please attach a  
passport size  
photograph

Beginner's Course Time & date..... (give this if you are enrolling for a course)

Membership Enrolment Date .....(give this if you are applying for membership)

Gender: Male/Female Date of Birth .....

Occupation .....

Have you had any previous experience of Tai Chi Chuan? Yes/No  
If yes please give brief details

Have you had any previous experience of other martial arts? Yes/No  
If yes please give brief details

Do you take any other form of regular exercise? Yes/No  
If yes please give brief details

Do you have any medical condition of which you should  
make us aware? . Yes/No  
If yes please give brief details

Signature.....

Items below to be filled in by Wu's Academy

Fee Paid £.....

Membership type Ordinary/Associate

Registration Date .....

Please sign and return this form to :

Wu's Tai Chi Chuan Academy, Furnival Building, 2 –10 Highgate Hill, London N19 5LW

Enclosing a cheque made out to **TCCA** for the appropriate amount.

£40 if enrolling as a member.

£25 as deposit for an eight week course - balance paid on the first night.

Thank you