



# KUNG FU WUSHU AUSTRALIAN CAPITAL TEERITORY Inc.

*Kung Fu Wushu Australian Capital Territory Inc. is the Australian Capital Territory Association recognized by Kung Fu Wushu Australia Limited (KWA) and the ACT Government as the Official Governing Body for Chinese martial arts in Australian Capital Territory. KWA is officially recognised by the Australian Sports Commission and the International Wushu Federation (IWUF) as the Peak Representative Body for Kung Fu/Wu Shu in Australia.*

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## COMMUNITY INSTRUCTOR/PRACTITIONER MEMBERSHIP APPLICATION

COMMUNITY INSTRUCTOR (ASSOCIATE) MEMBERSHIP IS OPEN TO ANY KUNG FU/WUSHU/TAI CHI INSTRUCTOR THAT:

- i. DOES NOT HAVE ANY FORM OF BUSINESS RERISTRATION
- ii. TEACHES LESS THAN TWENTY STUDENTS IN TOTAL
- iii. TEACHES FROM HOME OR FOR A RECOGNSED COMMUNITY GROUP OR
- iv. IS A SOLE KUNG FU, WUSHU OR TAI CHI PRACTITIONER

1. NAME OF APPLICANT:

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2. MAILING ADDRESS:

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STATE:.....POSTCODE:.....

3. TELEPHONE Home: (.....) ..... Work: (.....) .....

Mobile: (.....) ..... Fax: (.....) .....

Email:.....

4. TYPE OR TYPES OF MARTIAL ARTS YOU TEACH OR PRACTICE:

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5. HAS THE APPLICANT EVER BEEN REFUSED MEMBERSHIP OR EXPELLED OR BEEN THE SUBJECT OF A MEMBERSHIP SUSPENSION OR CONDITONAL EXPULSION ORDER FROM ANY OTHER MARTIAL ARTS ORGANISATION? **YES** [ ] **NO** [ ] IF 'YES' PLEASE ATTACH DETAILS

6. The applicant agrees that he/she will be bound by the Martial Arts Industry Association's 'Code of Practice'. The applicant agrees and understands that violating this code may result in the rescinding of your membership with KWACT.

- 7.** The applicant agrees and understands that the first year of membership is provisional and conditional upon:
- i) The applicant, if an instructor, obtaining accreditation under the National Coaching Accreditation Scheme (NCAS)
  - ii) The applicant agrees that he/she may not retain membership in any organisation that is deemed to be a 'conflicting organisation' by KWACT, KWA or the IWUF and that failure to comply with this condition will result in the canceling of your membership with KWACT.
- 8.**
- i) The applicant agrees that the applicant club/academy/organization will undertake insurance with the KWA insurance provider.
  - ii) The Applicant agrees and accepts that lodging a membership application does not mean that membership will be granted

THE FOLLOWING ADDITIONAL ATTACHMENTS, WHERE APPLICABLE, SHOULD BE INCLUDED WITH YOUR APPLICATION:

- A copy of any safety or conduct code under which your organisation's membership may operate.
- Details of any insurance by which your organisation is covered.
- If applicable a copy of a letter of endorsement from the Community Group that you teach for

Signature of applicant:.....

Date of application:.....

SIGNATURE:.....

Proposed by (Name):.....KWACT Membership No:.....

SIGNATURE:.....

Seconded by (Name): .....KWACT Membership No:.....

The completed form and attachments should be sent, together with a \$100 application/membership fee (fee is fully refundable should membership application be unsuccessful) to:

**The Secretary  
Kung Fu Wushu ACT Inc.  
PO BOX 785  
DICKSON, ACT 2602**

**Please note: memberships are payable for a four year term, your \$100 application/membership fee will pay for a four year membership (\$25 per year) as a Community Instructor/Practitioner with KWACT**