**KUNG FU WUSHU AUSTRALIA: STATE AFFILIATE MEMBERSHIP APPLICATION**

**NAME OF KUNG FU/WUSHU/TAI CHI/MARTIAL ARTS SCHOOL** (Please insert below)

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**TYPE OF MEMBERSHIP: Are you seeking to be an ‘Accredited Member’ or a Non Accredited Member** (Please select one (1) by ticking “”in the appropriate box)

|  |  |  |  |
| --- | --- | --- | --- |
| Accredited Member: |  | Non-Accredited Member |  |

**Information of APPLICANT:** (Please insert below)

|  |  |  |  |
| --- | --- | --- | --- |
| First Name: |  | Last Name: |  |
| Gender: |  | Nationality: |  |
| Email: |  | |  |
| Mobile: |  | Tel: |  |
| Address: |  | | |
|  | | |
| Date of Birth: | |  | |
| Type of Martial Arts Taught | |  | |

**ATTACHMENTS:**

Please attach the following items:

1. Current proof of insurance
2. Applicant Resume including any titles, duties, and achievements; Certifications/awards/degrees, etc.
3. Copy of your business name registration or company certificate

**Declaration:**

I certify that all above information is true and correct and I agree to abide by the constitution, by laws and policies of Kung Fu Wushu Australia and its State and Territory affiliate member Associations.

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| --- | --- |
| Signature of Applicant: |  |
| Date: |  |

**\*Note: Please kindly sign and submit this application in digital format (.doc, .docx, or .pdf) with the requested attachments to KWA Secretariat at** [**admin@kungfuwushuaustralia.com**](mailto:admin@kungfuwushuaustralia.com)