



NEW ZEALAND KUNG-FU WUSHU FEDERATION (Inc)

紐西蘭功夫 武术 联盟

Associate Member of the New Zealand Olympic Committee
SPARC Recognised National Sport Organisation for Kung-Fu Wushu in NZ
Official Representative to the International & Oceania Wushu Federations



MEMBERSHIP APPLICATION (NEW / RENEWAL)

MEMBERSHIP STATUS [Please **X** one only]

Membership Status	New [<input type="checkbox"/>]	Renewing [<input type="checkbox"/>]
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MEMBERSHIP TYPE [Please **X** one only] - See 'Membership Type' for definitions

Membership Type	Constituent [<input type="checkbox"/>]	Associate [<input type="checkbox"/>]	Individual [<input type="checkbox"/>]	Cultural [<input type="checkbox"/>]
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CLUB OR ORGANISATION DETAILS [Please PRINT]

Club/Org Name	
Style/s Taught	
Cultural/Health	(Cultural Members Only)
Head Instructor	
Teacher/Master	(If Different From Above)

PERSONAL/CONTACT DETAILS [Please PRINT]

Name (in full)		Birth Date	
Postal Address			
Phone - Day	[<input type="text"/>]	Email 1	
Phone - A/H	[<input type="text"/>]	Email 2	
Phone - Mobile	[<input type="text"/>]	Website	

BRANCH AND STUDENT LOCATIONS [Enter total numbers in brackets]

Branches	Auckland [<input type="text"/>]	Central NI [<input type="text"/>]	Wellington [<input type="text"/>]	Christchurch [<input type="text"/>]	Dunedin [<input type="text"/>]
Students	Auckland [<input type="text"/>]	Central NI [<input type="text"/>]	Wellington [<input type="text"/>]	Christchurch [<input type="text"/>]	Dunedin [<input type="text"/>]

STUDENT GENDER AND AGE [Enter total numbers in brackets]

Male	Child [<input type="text"/>] Under 12 Yrs	Youth [<input type="text"/>] 12-17 Yrs	Adult [<input type="text"/>] 18 Yrs & Above
Female	Child [<input type="text"/>] Under 12 Yrs	Youth [<input type="text"/>] 12-17 Yrs	Adult [<input type="text"/>] 18 Yrs & Above

STUDENT GENDER AND ETHNICITY [Enter total numbers in brackets]

Male	Maori [<input type="text"/>]	Pasifika [<input type="text"/>]	European [<input type="text"/>]	Asian [<input type="text"/>]	Other [<input type="text"/>]
Female	Maori [<input type="text"/>]	Pasifika [<input type="text"/>]	European [<input type="text"/>]	Asian [<input type="text"/>]	Other [<input type="text"/>]

I declare that I am duly authorised to make this application, and that I have read, understood, and fully agree with all NZKWF Conditions of Membership.

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Signature of Applicant

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Date For Membership Year []

By Cheque: made out to 'NZKWF' posted to P.O. Box 24-456 Manners Street, Wellington 6142.

By Internet Banking: Bank: ASB BANK LIMITED / Branch: MANNERS STREET WELLINGTON

Account Name: NZ KUNG-FU WUSHU FEDERATION INC / **Account Number:** 123141-0194869-00

Office Use Only:

Date Received	Amount Paid	Payment Method	Register Updated	Fee Banked	Card Issued