



MEMBERSHIP DOCUMENT For Tai Chi / Karate

FIRST NAME _____ SURNAME _____

DATE OF BIRTH _____ AGE _____

STREET ADDRESS _____

CELL _____ EMAIL _____

TEL (H) _____ (W) _____

COMPANY _____ OCCUPATION _____

PHYSICAL IMPAIRMENT: _____

Previous Martial Arts or other sports: _____

1. The above mentioned member is admitted as a member of Ming's Martial Arts Academy.
2. The fees are settled within the first week of the month.
3. The member warrants that he/she is physically fit to participate in the normal activities of the Martial Arts school and that Ming shall in no way be responsible for any injuries, accidents, damage of property or loss.

Terms and Conditions:

Reduced rates only apply for 3 month in advance payment or taking part in both disciplines.

No carry over fee.

One month notice.

LEO MING 0833780468

42 years martial arts experience. 5th dan kobujustu. 3rd dan goju kai.

Signature _____ Date _____