



# 美國國術總會

## United States Kuo Shu Federation



### Membership Application Form

Date: \_\_\_\_\_

**Personal Information:** (please print all information below)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Birth (mm/dd/yy): \_\_\_\_\_ Age: \_\_\_\_\_ M/F (circle one) \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

Years of experience: \_\_\_\_\_ (Please include a brief resume of yourself on the back of this form)

**School Information:**

School Name: \_\_\_\_\_

Instructor: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

**Type of Membership:**

(Please check the desired type of membership)

<u>Type</u>	<u>Fee</u>
<input type="checkbox"/> Individual Membership (T-shirt or Patch)	\$55/2 years
<input type="checkbox"/> School Membership (T-shirt & Patch)	\$150/2 years

T-Shirt size (circle one):    S    M    L    XL    XXL

Benefit offers subject to change without notice.

Additional benefits listed on our website at [www.usksf.org](http://www.usksf.org).

**Mailing Address:**

**USKSF**  
**P.O. Box 20269**  
**Baltimore, MD 21284-0269**

*phone: (443) 394-9200 / fax: (443) 394-9202*

(office use only)

Membership number: \_\_\_\_\_

Date received: \_\_\_\_\_

Expiration date: \_\_\_\_\_

Processed by: \_\_\_\_\_