



# 美國國術總會

## United States Kuo Shu Federation



### Membership Application Form

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

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

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>    |
|---|---------------|
| _____ Individual Membership<br>(T-shirt or Patch) | \$55/2 years  |
| _____ School Membership<br>(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 927**  
**Reisterstown, MD 21136-0927**

**Phone: (443) 394-9200 / Fax: (443) 394-9202**

(office use only)

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

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

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

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