



International Yang Family Tai Chi Chuan Association Affiliated School/Instructor Application

CERTIFICATE NUMBER : _____
[For Officer Use Only]

1. IDENTIFICATION

First Name _____ Last Name _____

Sex : M F _____ Birth Date: Month Day Year _____

Address _____

City _____ State _____

Zip code _____ Country _____

Phone _____ Email _____ YCF Center (if applicable) _____

Level: _____ Date: _____

Member ID _____ Current Rank & Date Obtained _____ Current Ranking Certificate ID _____

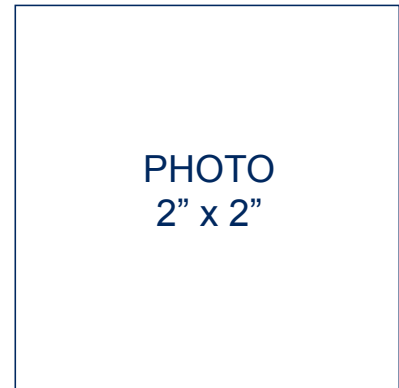


PHOTO
2" x 2"

2. PRACTICE EXPERIENCE

A. Martial Arts Experience (Attach additional pages if necessary):

B. Years Spent Teaching Traditional Yang Style Tai Chi Chuan:
Number of Seminars Attended with Master Yang Zhenduo and Yang Jun (include years):

Why do you want to open a Affiliated School or to be an Affiliated Instructor?

3. Recommendation of Moral Character

(Recommendation of person's moral character from one Center Director or one Teacher or at least three Colleagues.)

4. For Association Use Only

Officer Comments: _____

Association Comments: _____

Note: Submit this Application, along with a \$50 Application Fee to:
International Yang Family Tai Chi Chuan Association
P.O. Box 786, Bothell, WA 98041 USA
Applicants will be notified within six months.