



## TAI CHI CHUAN TEACHER ACADEMY REGISTRATION FORM

STUDENT ID: \_\_\_\_\_

### CONTACT INFORMATION

First Name _____	Last Name _____	PHOTO 2" x 2"				
Address 1 _____						
Address 2 _____						
City _____	State _____					
Zip code _____	Country _____		Birth Date _____	Month _____	Day _____	Year _____
Phone _____	Fax _____		Email _____			

### STUDY INFORMATION

Association Member ID _____	Current Ranking Status _____	Ranking Certificate Number _____
Local YCF Center Or Academy Instructor, if applicable _____		Language of Preference _____
National Training Headquarter Registered With, if applicable _____		

### REGISTRATION FEE

Annual Fee: Europe: <input type="checkbox"/> 20 Euros All Other: <input type="checkbox"/> 25 US Dollars	Submit Form With Payment To: International Yang Family Tai Chi Chuan Association P.O. Box 786 Bothell, WA 98041 USA Email: Academy@yangfamilytaichi.com
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### INTERNATIONAL YANG FAMILY TAI CHI CHUAN ASSOCIATION

HOME OFFICE P.O. Box 786 Bothell, WA 98041 USA Ph.: +1 (425) 869-1185 Email: info@yangfamilytaichi.com	NATIONAL TRAINING CENTER • Italian National Training Center • Brazilian National Training Center
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