



Wu Dao Membership Registration Form

Welcome to Wu Dao Kung Fu and Tai Chi! Please fill out this form to sign up for membership.

Please be sure to indicate below your elected membership type.

Member Name (First, Middle Initial, Last) _____		Age _____	Signup Date (mm/dd/yyyy) _ / _ /2008	
Telephone _____	Contact e-mail address _____	Membership Months or 10-Class Card		Total Value \$ _____
Address _____		City _____	State _____	Zip Code _____
Emergency Contact _____		Relationship to Member _____		Emergency Contact Phone Number _____
Areas of Interest (check all that apply): <input type="checkbox"/> Kung Fu <input type="checkbox"/> Tai Chi <input type="checkbox"/> Open Training <input type="checkbox"/> Other _____				
What are your top 3 objectives for training in Kung Fu or Tai Chi? <input type="checkbox"/> Self Defense <input type="checkbox"/> Coordination <input type="checkbox"/> Endurance <input type="checkbox"/> General Fitness <input type="checkbox"/> Strength <input type="checkbox"/> Self Discipline <input type="checkbox"/> Competition <input type="checkbox"/> Flexibility <input type="checkbox"/> Other _____				
Prior Martial Arts Experience (check all that apply): <input type="checkbox"/> Kung Fu <input type="checkbox"/> Karate <input type="checkbox"/> Krav Maga <input type="checkbox"/> MMA <input type="checkbox"/> Tai Chi <input type="checkbox"/> Tae Kwon Do <input type="checkbox"/> Kempo <input type="checkbox"/> Wushu <input type="checkbox"/> Aikido <input type="checkbox"/> Jujitsu <input type="checkbox"/> Kendo <input type="checkbox"/> Other _____				
Highest Level of Proficiency Achieved (check one): <input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced <input type="checkbox"/> Other _____				
Limitations (please describe any physical or other conditions of which the School should be aware): _____ _____				
How did you hear about us? <input type="checkbox"/> Online Search <input type="checkbox"/> Drive or Walk By <input type="checkbox"/> Yellow Pages <input type="checkbox"/> Online links or ads <input type="checkbox"/> Workshop Attendance <input type="checkbox"/> Friends or Family Referral _____ <input type="checkbox"/> Other _____				
For automatic credit card or debit card charging only. <input type="checkbox"/> I hereby authorize Wu Dao Kung Fu and Tai Chi to automatically charge monthly membership fees to my card account below for the duration of my membership. Credit Card Type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard Name of Card Holder: _____ Card Number: _____ - _____ - _____ Expiration Date: _ / _ (mm/yy)				
By signing below, I certify that I have read and consent to the Membership Agreement, Wu Dao School Rules and Wu Dao Sparring Rules. I further acknowledge to have received complete copies of the above.				
Signature _____		Name (print) _____		Date (mm/dd/yyyy) _ / _ /2008
Signature of Parent or Legal Guardian (If a Minor) _____		Name (print) _____		Date (mm/dd/yyyy) _ / _ /2008