



## Wu Dao Membership Registration Form

Member Name (First, Middle Initial, Last)	Registration Date ____/____/20____	Membership Start Date Month: _____ Day: 1 <sup>st</sup> <input type="checkbox"/> or 15 <sup>th</sup> <input type="checkbox"/> Year: 20____	FOR UNLIMITED MEMBERSHIPS ONLY	
			Pro-Rated Amount \$ _____	Monthly Membership Due \$ _____

Membership Selection

<input type="checkbox"/> <b>Unlimited Adult \$140 / Month (6 Month Membership)</b>	<input type="checkbox"/> <b>Adult 10-Class Pass \$200 (Valid for 3 Months)</b>
<input type="checkbox"/> <b>Unlimited Youth or Teen \$140 / Month (6 Month Membership)</b>	<input type="checkbox"/> <b>Pee Wee \$300 (3 Month Membership)</b>

Date of Birth (mm/dd/yyyy)	Street Address	City	State	Zip Code
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Telephone	Contact e-mail address
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Emergency Contact	Relationship to Member	Emergency Contact Phone Number
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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 _____
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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 _____
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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 _____		

ACH (Checking Account) - I hereby authorize Wu Dao Kung Fu and Tai Chi to automatically deduct the amount due per membership selection in six (6) equal installments to my checking account below on a monthly basis until it is paid in full.

Name of Account Holder: \_\_\_\_\_ Name of Bank \_\_\_\_\_

Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

Credit/Debit Card - I hereby authorize Wu Dao Kung Fu and Tai Chi to automatically deduct the amount due per membership in six (6) equal installments to my credit/debit card below on a monthly basis until it is paid in full.

Credit Card Type:  Visa  MasterCard Name of Card Holder: \_\_\_\_\_

Card Number: **xxxx-xxxx-xxxx-**\_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_ (mm/yy)

**By signing below, I certify that I have read and consent to the Membership Agreement, Wu Dao Wu Guan Rules and Wu Dao Sparring Rules. I further acknowledge to have received complete copies of the above.**

Signature	Name (print)	Date (mm/dd/yyyy)
Signature of Parent or Legal Guardian (If a Minor)	Name (print)	Date (mm/dd/yyyy)

**Wu Dao Staff Only**

<input type="checkbox"/> Uniform Top Size _____	<input type="checkbox"/> Uniform Pants Size _____	<input type="checkbox"/> Shoe Size _____	<input type="checkbox"/> New Student Package
<input type="checkbox"/> Registration Fee Charged	<input type="checkbox"/> Agreement Signed & (Voided Check-ACH)	<input type="checkbox"/> Member Card Printed	<input type="checkbox"/> Student Folder Printed
<input type="checkbox"/> Student Information Entered	<input type="checkbox"/> Initial Payment Processed	<input type="checkbox"/> Discounts _____	

Notes: \_\_\_\_\_