

MEMBERSHIP FORM OF WCTAG

Registration Form

SURNAME: _____

NAME: _____

DATE OF BIRTH: _____

PHONE NUMBER: _____

STREET/STREET NUMBER: _____

POSTAL CODE/RESIDENCE: _____

PROFESSION: _____

EMAIL: _____

I'M BEGINNING WITH TAIJIQUAN BY CLASS INSTRUCTOR / TEACHER / SENIOR INSTRUCTOR: _____

WHAT MADE WCTAG GAIN YOUR ATTENTION?

- REGIONAL/CROSS-REGIONAL ADVERTISING PRESENTATION
 PROSPECTS/BROCHURE PHONE BOOK/YELLOW PAGES

DO YOU ALSO PRACTICE ANOTHER MARTIAL ART/INNER ENERGY WORK?

- YES NO LONGER ACTIVE NO

IF YES OR FORMERLY, PLEASE INDICATE WHICH: _____

FOR HOW LONG? _____

IF FORMERLY: WHY DID YOU QUIT? _____

DO YOU OFFER LESSONS WITHIN YOUR STYLE? YES NO

DO YOU LEAD A SCHOOL OR AN ASSOCIATION? YES NO

IF YES: PLEASE GIVE THE NAME OF THE SCHOOL / THE ASSOCIATION AND THE TYPE OF FORMATION YOU OFFER: _____

TO WHICH ASPECT DURING YOUR ATTENDANCE DO YOU DEDICATE PARTICULAR ATTENTION:

- HEALTH EFFICIENT SELF-DEFENCE MEDITATION
 MENTAL TRAINING/SPIRITUALITY TRAINING SCHEDULES
 WELL-BEING/FUN PRICE-PERFORMANCE RATIO EASE OF LEARNING
 OTHER: _____

DO YOU HAVE A PHYSICAL OR MENTAL CHALLENGE THAT RESTRICTS YOU DURING TRAINING OR THAT REQUIRES YOUR REGARD : NO

YES, NAMELY: _____



WCTAG IS NOT LIABLE FOR POSSIBLE TRAINING CASUALTIES AND CONSEQUENTIAL DAMAGES.

WE KINDLY ASK YOU TO FILL IN THIS SHEET COMPLETELY, FOR ONLY WITH YOUR COOPERATION WE ARE ABLE TO FULLY OPTIMIZE THE TRAINING TO YOUR WISHES AND NEEDS. A CANCELLATION IS POSSIBLE ANY TIME.

PLEASE ADD A PASSPORT PHOTO TO YOUR MEMBERSHIP FORM AND THE REMITTANCE RECEIPT ON WCTAG ANNUAL FEE (39,- EURO). A STANDING ORDER IS RECOMMENDED.

PLACE/DATE: _____

SIGNATURE: _____

(IF MINOR: PARENTS' SIGNATURE)

WCTAG, RENDSBURGERSTRASSE 14; 20359 HAMBURG; TELEPHONE/FAX: +49-40-3194224; WCTAG@T-ONLINE.DE
ACCOUNT HOLDER: JAN SILBERSTORFF, BANKING ACCOUNT: HAMBURGER SPARKASSE, BLZ 20050550, ACCOUNT NUMBER: 1251122683,
IBAN DE 18 2005 0550 1251 122683 BIC HASPDEHH