

# United States of America Wushu Kungfu Federation, Inc. (USAWKF)

a501(c)non-profitorganizationregistered intheStateofMaryland

## New Applicant

## Renew Membership

### Standard Membership Benefits

- Become eligible to be selected as a US National Team member
- Eligible to compete participate in International events organized by USAWKF- affiliated organizations
- Discount to USAWKF Tournaments and Seminars
- Membership Card & Certificate
- Wushu news updates via E-mail
- USAWKF Patch



### Types of Membership

**Lifetime Membership** :Enjoy a lifetime of full benefits in whichever type of membership you choose. Current members will receive a discount equivalent to a one-year membership.

**Individual (Annual) .....\$45**

**Individual (Lifetime) .....\$450**

Includes standard membership benefits.

**School Annual Membership with 6 annual individual memberships.....\$180**

**School Lifetime Membership with 6 lifetime individual memberships.....\$900**

Includes:

- 6 individual memberships,including membership for school owner
- Standard membership benefits and regular updates on USAWKF tournaments and events.

**Each additional student (of school with annual membership) – Individual Annual Membership.....\$34**

**Each additional student (of school with lifetime membership) - Lifetime Membership.....\$340**

Each student must submit a separate individual membership form along with the group registration form, which will be provided to the school owner by USAWKF.

**Each Additional Student apply via existing lifetime Schools (Lifetime Membership)..... \$340**

**International/Associate (Annual) .....\$39**

**International/Associate (Lifetime).....\$295**

*Individualsoutside the U.S . Includes standard membership benefits.*

**International/Associate School (Annual) .....\$125**

**International/Associate School (Lifetime) .....\$450**

Schools outside the U.S. Includes standard membership benefits,regular updates on USAWKF tournaments and events,and mem-bership fee discounts for members of the school.

Name: \_\_\_\_\_  
 Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Guardian's name (*if under 18*) \_\_\_\_\_  
 Relationship: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Country: \_\_\_\_\_  
 Phone (Day): \_\_\_\_\_ (Eve): \_\_\_\_\_  
 E-mail: \_\_\_\_\_  
 Current Style or Affiliation: \_\_\_\_\_  
 School Name: \_\_\_\_\_  
 School Membership Number (if any): \_\_\_\_\_

### I would like to make a donation to the USAWKF.

\$25 \$50 \$100 \$250 \$500 \$1000 Other: \_\_\_\_\_  
 Amount Enclosed: \_\_\_\_\_

I certify that I have voluntarily submitted this membership application to USAWKF, Inc., and agree to abide by all USAWKF bylaws, codes of ethical conduct, rules and regulations. I further certify that all of the information I have provided is true and correct to the best of my knowledge and belief. I fully understand and agree that participating in USAWKF organized and/or sanctioned events and tournaments carries the risk of accidental injury and hereby assume that risk. I release USAWKF, its agents, officers, judges, referees, employees, volunteers, successors and assigns from any and all liability and affirmatively waive any and all claims that may accrue arising out of my participation in USAWKF organized and/or sanctioned events and tournaments, or as a result from the actions of USAWKF or its agents, officers, judges, referees, employees, volunteers, successors and assigns in the performance of their respective duties in connection with USAWKF events and tournaments.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Parent's or Guardian's signature if applicant is younger than 18: \_\_\_\_\_  
 Date: \_\_\_\_\_

Please make check or money order **payable to USAWKF** and send with completed application form to:  
**USAWKF, 6313 Harford Road, Baltimore, MD 21214**  
**Phone: 410-444-6666 ♦Fax: 410-426-5524**

**Web site: <http://www.usawkf.org> ♦e-mail: [usawkf@usawkf.org](mailto:usawkf@usawkf.org)**

### For Office Use Only

Date: \_\_\_\_\_ Received by: \_\_\_\_\_  
 Amount: \_\_\_\_\_ Check #: \_\_\_\_\_

