



## European Chinese Kuoshu Federation and European Shuai Jiao Union

### Joint Council Membership Application

Please complete this form in **black** ink and BLOCK capitals or typed script and include two recent colour passport size photographs or a JPEG image of the Organisation's Leader

<b>1. Organisation Details</b>	
Name	
Date Established	
Government Registration	
Joint Council No.	Renewal Only
<b>2. Organisation Leader</b> (eg President, Chairperson, CEO or Director)	
Title	
First Name	
Surname	
Position	
Date of Birth	
Gender	
Education (eg PhD)	
<b>3. Organisation Address</b>	
Building, No. and Road	
Area/Town	
City/County	
Country	
Post Code	

<b>4. Organisation Contact</b>			
Telephone			
Facsimile			
E-mail			
Website			
<b>5. Organisation Executive Staff</b> (Title, First Name and Surname)			
Vice President			
Secretary General			
Treasurer			
Chief Referee			
Chief Coach			
<b>6. Organisation Personnel</b>			
Number of Instructors			
Number of Officials			
Number of Students			
Number of Referees			
<b>7. Organisation Structure</b> (Please Tick)			
Style	Profit <input type="checkbox"/>	Non Profit <input type="checkbox"/>	Academic <input type="checkbox"/>
Venue	Permanent <input type="checkbox"/>	Public Hire <input type="checkbox"/>	Private Hire <input type="checkbox"/>
Audience Seating	None <input type="checkbox"/>	Up to 200 <input type="checkbox"/>	Over 200 <input type="checkbox"/>

On behalf of my organisation and its members, I subscribe to the aims and objectives of the Joint Council of the European Chinese Kuoshu Federation and the European Shuai Jiao Union and agree to abide by its constitution, rules, regulations and governance upon becoming a member.

\_\_\_\_\_  
Signature of Organisation's Leader

\_\_\_\_\_  
Date

<b>For Office Use Only</b>	Probation Approved <input type="checkbox"/>	Ordinary Member <input type="checkbox"/>
Fee Paid <input type="checkbox"/>	Membership Approved <input type="checkbox"/>	Associate Member <input type="checkbox"/>