



**RENEWAL OF MEMBERSHIP**  
**WUSHU & TAI CHI PRACTITIONERS ASSOCIATION Inc.**  
**(WTPA)**

Formerly known as the AUSTRALIAN NATIONAL WUSHU & TAI CHI ASSOCIATION Inc. (ANWTA)  
ABN: 54225882532

I, ..... Membership No: .....  
(Please Print)

..... Postcode .....  
(Full address)

Phone at work: ..... Phone at home: .....

Fax: ..... Mobile Phone: .....

Web Site URL ..... Email address: .....

Occupation..... Sex: Male [ ] Female [ ]

hereby wish to renew my membership of the  
WUSHU & TAI CHI PRACTITIONERS ASSOCIATION Inc.  
and in so doing I agree to be bound by the rules of the Association.

Signature..... Date .....

**Payment:** Enclosed is my cheque/money order/bank draft for the amount of \$ .....

**Please fill this in:**

Are you an Instructor? Yes [ ] No [ ]

If yes name of school .....

Would you like to have your name & contact details included in a list of instructors available to the public? Yes [ ] No [ ] *If necessary attach class details*

**FEES FOR MEMBERSHIP OF THE WUSHU & TAI CHI PRACTITIONERS ASSOCIATION Inc:**

**Individual Member: \$25**

**Please Note New Fee Structure for Organisation Members from 1 July 2007**

**Schools having 20 or less members: \$50, above 21 members: \$75,**

**(In each case this is for both representatives – complete two forms, one for each representative).**

- NB:**
- 1. Fees are due by 1 July each year**
  - 2. An Organisation member must have two representatives, each having one voting right.**
  - 3. Organisation membership entitles members of the organisation to full benefits (other than voting rights) as associate members of WTPA.**

**Please return this form with payment (cheque or money order) to:**

**Wushu & Tai Chi Practitioners Association Inc.**  
**PO Box 539**  
**Box Hill, Victoria 3128**