



**WORLD
TOA
FEDERATION**

APPLICATION

1. Name: _____
2. Address: _____

3. Telephone number: _____
4. Email address: _____
5. Place of birth: _____
6. Martial arts style: _____
7. Which organization or club are you an active member of?: _____
8. Name and address of the club that you are currently attending: _____

9. Level in your martial art: _____
10. If you are a master or instructor, what are the number of students in your club?: _____

World Toa Federation
Banegaardspladsen 20 5.tv. 8000 Aarhus C, Denmark
CVR-38237209 Phone: (0045) 86 12 14 15 , Mobile: (0045) 40 52 39 00,
WWW.WTOAF.COM



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11. Further comments:

All information in this application shall be held in confidence

The signature below indicates that the information given in this application is true. I agree to accept any decision that the committee may make with the understanding that the decision is final and cannot be contested.

I hereby acknowledge that I am aware of the requirements for membership and state that I'm eligible for consideration of a membership in World Kung Fu Toa Federation.

Signature of applicant

Date

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