

MEMBERSHIP RENEWAL 2009
Australian Kung Fu (Wu Shu) Federation Inc.
ARBN 110 627 202

1. APPLICANTS NAME:

FIRST NAME:FAMILY NAME:.....

2. CURRENT AKWF MEMBERSHIP NUMBER:.....

3. NAME OF MEMBER MARTIAL ARTS CLUB/ORGANISATION: (must be a registered Company, Association or Business name)

.....

4. APPLICANTS AUSTRALIAN BUSINESS NUMBER (ABN):

5. MAILING ADDRESS:

.....

.....

STATE:.....POSTCODE:.....

6. TELEPHONE - Home: (.....) Work: (.....)

Mobile: Fax: (.....)

Email:.....

Website:.....

7. How many Instructors are currently teaching at your Club/Academy (this includes all branches and affiliates)

8. How many of your club/academy/organisations Instructors have been NCAS accredited :

9. Is the applicant currently insured: Please tick; YES [] NO []

.2.

10 If you are insured please tick appropriate box:

- a. I am insured under the AKWF/MAIS Policy []
- b. I am insured by another Policy : []

Note: members ticking 10.b. must attach a copy of their proof of insurance in the form of a certificate of currency

The applicant agrees that the applicant club/academy and all of its affiliates, members, instructors and employees (whether paid or unpaid) will be bound by the Martial Arts Industry Association's 'Code of Practice'. The applicant agrees and understands that violating this code may result in the rescinding of your membership with the AKWF Inc.

The applicant agrees and understands that membership renewal is provisional and conditional upon:

- i) the applicant club/academy continuing to implement a program of education and application of the NATIONAL CODE OF PRACTICE amongst its members
- ii) the applicant club/academy's continuing implementation of a policy of accreditation, under the NCAS NATIONAL COACHING ACCREDITATION SCHEME, of all of the applicant club/academies instructors and assistant instructors.
- ii) all of the applicant clubs instructors complying with the Risk Management Policy of the MAIA
- iii) the applicant being insured for both public liability and professional indemnity insurance by an APRA Regulated Insurer in accordance with AKWF membership insurance requirements

The applicant agrees to be bound by the Rules of Association of the Australian Kung Fu (Wu Shu) Federation Inc. and all Operational Procedures so identified and approved by The Committee of the AKWF.

Signature of applicant:.....

Date of application:.....

.3.

PLEASE TICK ONE BOX ONLY:

I wish to renew my membership for a further year, my cheque/money order for \$200 is enclosed

I wish to renew my membership for a further four years my cheque/money order for \$400 is enclosed

I have advance paid my membership

The completed form and attachments should be sent to:

**National Administrator
AKWF Inc.
PO Box 134
KENTHURST NSW 2156**

FINAL DATE FOR MEMBERSHIP RECEIPT IS 15 July 2009

OFFICE USE ONLY: Please tick as appropriate

MEMBERSHIP RENEWAL ACCEPTED

MEMBERSHIP RENEWAL NOT ACCEPTED:

ATTACHMENTS NOT INCLUDED

INCOMPLETE FORM

NOT SIGNED

FULL MEMBER

ASSOCIATE MEMBER

LIFE MEMBER

AKWF ADMINISTRATIVE PLANNING:

TO ASSIST US WITH FORWARD PLANNING AND BUDGET ALLOCATIONS CAN YOU PLEASE INDICATE BY NUMBERING '1' TO '5' WHAT THE AKWF SHOULD PRIORITISE. '1' BEING THE MOST IMPORTANT TO '5' BEING THE LEAST IMPORTANT

- [] INSURANCE**
- [] ACCREDITATION SERVICES**
- [] EXPANDED INTERNET SERVICES**
- [] A FULL TIME OFFICE MANAGER**
- [] WU SHU/KUNG FU COMPETITIONS**

INTERNET INFORMATION

PLEASE LIST THE INFORMATION YOU WISH TO BE PLACED ON OUR SITE:

Contact Name :.....

Contact Phone:.....

Contact Email:.....

Members website address:.....

Town or Suburbs you teach in: (please list)

Type of martial arts taught: