



Australian Kung Fu (Wu Shu) Federation Inc.

“The Peak Industry Body for Kung Fu/Wu Shu in Australia”

NATIONAL COACHING ACCREDITATION SCHEME - 2009
APPLICATION FOR AKWF MEMBER OR
INSTRUCTOR/STUDENT OF AN AKWF MEMBER

PLEASE PRINT CLEARLY

1. NAME OF APPLICANT:
2. POSTAL ADDRESS:
.....postcode:.....
3. TELEPHONE: Work:..... Home:..... Fax:.....
Mobile:Email:.....
4. DATE OF BIRTH:
5. MARTIAL ARTS GRADE:
6. TEACHING EXPERIENCE (Years): TRAINING EXPERIENCE (Years):
7. DATE AND LOCATION OF COURSE YOU ARE BOOKING FOR:.....
.....
8. STYLE OF KUNG FU/WU SHU CURRENTLY PRACTISED BY APPLICANT:
.....
9. MARTIAL ARTS SCHOOL AT WHICH APPLICANT TEACHES:
.....Telephone:
10. WHAT YOUR AKWF MEMBERSHIP NUMBER
11. Please list your main teaching venues (i.e. the places, halls etc where you conduct your classes)
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