



Ref: Qigong Tauk / 30/1/c19

Date:

Teacher Associate Application Form

Name: _____

Address: _____

Post Code: _____

Phone: _____

Email: _____

Qigong System / Styles you are teaching:

.....

Teachers:

.....

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How long you have been teaching?:

Would you be willing to promote **Qigongtauk** within your own School by way of reduced rates for our Associates?:.....

Would you be willing to participate in **Qigongtauk** research in benchmarking Qigong to help raise Teaching standards within the UK?:.....

Would you be willing to assist in other courses throughout the UK organised by associates of Qigongtauk?

Yes No *(please circle)*

May we contact your Teacher for further details? Yes No *(please circle)*

Name, Address & Contact Number: _____



Membership Application Form Part B

If you are currently continuing your study of Qigong:

Qigong System / Styles:

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Teachers:

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How long you have been studying:.....

Details of current classes (addresses, times and days teaching **as you wish to advertise on our site**):

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Signed..... Please Print your name.....

Date:

Please forward this to:

qigongtauk1@btinternet.com

Please also remember to include:

A photograph of yourself Your class details - Time, Day, Venue Your website

Your email address