

# TCAA

Tai Chi for Arthritis Association, Inc.

Membership Application

Title (circle one)	Mr. Mrs. Ms. Dr.
Last Name	
First Name	

Address	
City	
State or Province	
Postal Code	
Country	

E Mail Address	
Fax Number	
Telephone	

Certified TCA:                      Yes                      No                      Year \_\_\_\_\_

TCAII Certification:                      Yes                      No                      Year \_\_\_\_\_

Company	
Position	

Dues per membership year                      \$ 45 U.S. dollars                      \$ 63 Canadian dollars

Membership year is July 1 through June 30th.      All memberships renew July 1st.

"Dedicated to improving people's quality of life  
through the Tai Chi for Arthritis (TCA) program"  
- the mission of TCAA

Make check payable to      TAI CHI FOR ARTHRITIS ASSOC.

For billing inquiries, e mail -  
tcaa.treasurer@earthlink.net

Mail check and  
Application to      TCAA  
P O Box 21982  
Lincoln, NE 68542-1982

For membership inquiries, e mail -  
taichi@frontier.net