



# Tai Chi for Health Community

## TCHC Membership Application & Renewal Form

NEW Member       Renewing Member

\_\_\_\_\_  
Title (*Mr., Mrs., Ms., Dr., or other - please indicate*)

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Address Line 1

\_\_\_\_\_  
Address Line 2

\_\_\_\_\_  
City, State or Province

\_\_\_\_\_  
Zip / Postal Code

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email Address = REQUIRED, if none mark "NONE"

Contact Preference:     *By Email*       *By Regular Mail*

### Member Information

Complete the application & renewal form and make your dues check payable to TCHC for \$ 45 US Dollars.

To access our [www.tchc.info](http://www.tchc.info) web site you must log in using an email address. If you don't have an email address please note "none" in the entry field. Our TCHC Member Care will provide you with a fictitious email address to log in with.

Mail your form and dues check to the address below. After your membership form has been processed and your dues payment deposited, you will receive a RECEIPT for your dues based on your contact preference selected on the form. New members will also receive access codes for the web site.

### Mail - In Address

**Tai Chi for Health Community  
C/O Kim Johnston  
2326 NW Maple Street  
Ankeny, IA 50023**

For additional assistance contact our representative at:  
[MemberCare@tchc.info](mailto:MemberCare@tchc.info)

*Thank you for your membership and support of Tai Chi for Health Community.*