



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 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
301 NE Sherman Dr.
Ankeny, IA 50021

For additional assistance contact our representative at:
MemberCare@tchc.info

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