

WU LIN MARTIAL AND HEALING ARTS

Application For Long Distance Martial &

Healing Arts Programs

Full Name:

Address:

City: Country: Postcode/Zip code:

Date of Birth: Telephone No: Mobile No:

Email:

Present Occupation:

Previous Occupation:

Highest Secondary School Standard Achieved:

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Post Secondary Studies (*Please include completed, uncompleted & apprenticeships*):

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Martial Arts Experience:

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