国际健身气功联合会入会申请登记表

IHQF Membership Application & Registration Form

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 组织机构名称  Name of the Organization | | （建议中英文名称都填写） | | | | | | 所在国家或地区  Country or Region | | |  |
| (It is suggested that both the Chinese and English names of your organization be provided.) | | | | | | 所在城市  City | | |  |
| 组织机构成立批准单位  Approved by | | (Please state the local Authority which approved the establishment of your organization.) | | | | | | | | | |
| 负责人姓名  Name of the Leader | |  | | | | | 联系人姓名  Contact Person | |  | | |
| 组织机构成立时间  Date of Establishment | |  | | | | 电子邮件  Email Box |  | | | | |
| 通讯地址  Post Address |  | | | | | | 联系电话  Phone Number | | |  | |
| 办公/活动场地  Office Space/Venue of Activities | 自 购  Self-purchased | | | 面积  Size（m2） | |  | 工作  人员  Number of Staff | 固定人数  Regular | | |  |
| 租 赁  Rented | | |  | 兼职人数  Part time | | |  |
| 其他  Others | | |  | 其 他  Others | | |  |
| 业务范围  Scope of Business | 健身气功  Health Qigong | | | | | 业务持续时间  Years in Business | |  | | | |
| 武术  Wushu | | | | |  | | | |
| 中医  Traditional Chinese Medicine | | | | |  | | | |
| 其他  Others | | | | |  | | | |
| 教师情况  Instructors | 正式在册人数  Number of Officially Registered Instructors | | | | |  | 学员/会员情况  Students | 注册学员人数  Number of Registered Students/Members | | |  |
| 兼职人员  Number of Part-time Instructors | | | | |  | 临时学员人数  Number of Temporary Students | | |  |
| 其 他  Others | | | | |  | 总 计  Total | | |  |
| 政府支持情况  Support by the Local Government | Yes□/No□ | | 支持机构名称(无则不必填写)  Supporting Body (if Yes) | | | | 支持方式（请简要说明，无则不必说明）  Means of Support (If Yes, please specify) | | | | |
| 开展活动情况  Activities Organized or Coordinated by the Organization | | 请简要介绍组织机构开展活动情况（例如比赛、论坛、科研等）  (Please briefly introduce the Health Qigong-related events once organized or coordinated by the organization, e.g., tournament, symposium or scientific research) | | | | | | | | | |
| 自我评价  (现状与发展规划)  Overall Self- Assessments  (Current Status and Development Plan for the Future) | |  | | | | | | | | | |
| **声　　明**  我协会支持国际健身气功联合会（以下简称国际气联）的成立，并自愿成为国际气联的会员。  我协会承认国际气联是世界上管理健身气功运动的唯一组织，并不再参加或支持其它国际气功组织或活动；我协会将遵守国际气联的有关章程和规则，执行国际气联代表大会并执行委员会的决议；接受国际气联对会员资格的定期审查并按时交纳会费。  本法人已知悉并充分明白上述声明内容。  **Declaration**  I have been authorized by [Name of the Organization] to give consent to the foundation of International Health Qigong Federation (IHQF) and the following declaration:  The [Name of the Organization] voluntarily applies for the membership of IHQF which is the only legal organization in charge of international Qigong activities in the world. [Name of the Organization] will not take any membership or participation in activities organized by other Qigong organizations.  [Name of the Organization] shall conform to the IHQF constitution and related rules and regulations, execute the decisions made by IHQF congress, accept regular qualification examination on membership and render the member fee in sufficient and in time.  I have been aware of and fully understand the above statement. | | | | | | | | | | | |
| 负责人签字  Signature of the Leader | | | | | 年 月 日  DD / MM / YYYY | | | | | | |
| 组织机构盖章  Seal of the Organization | | | | | 年 月 日  DD / MM / YYYY | | | | | | |