



THE INTERNATIONAL COMBAT HAPKIDO FEDERATION

INDIVIDUAL MEMBERSHIP APPLICATION

Please Print or Type

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Home Phone: (____) _____ Work Phone: (____) _____

Occupation: _____ Email: _____

Martial Arts Background

Art / Style: _____ Rank: _____
(attach a copy of rank certificate)

Name of School: _____

Address: _____ Phone: (____) _____

City: _____ State: _____ Zip: _____ Country: _____

Name of your Instructor: _____ His / Her Rank: _____

Memberships / Affiliations: _____

Please accept my application for Individual membership in the International Combat Hapkido Federation. I have enclosed my membership dues.

Applicant Signature

Date

Individual Membership (1 year): **\$40.00**
Individual Membership Renewal (1 year): **\$30.00**

Credit Card Information:

Name as it appears on Credit Card: _____

Billing Address: _____

City: _____ State: _____ Zip: _____ Country: _____

_____ Visa _____ Mastercard _____ American Express _____ Discover

Credit Card Number: _____

Expiration Date: _____ V-Code: _____ (Last 3 digits on the back or 4 digits on the front of the card)

Please Select: _____ Individual Membership \$40.00

_____ Individual Renewal \$30.00

Signature Required: _____ Date: _____