



# THE INDEPENDENT TAEKWONDO ASSOCIATION SCHOOL/CLUB CHARTER MEMBERSHIP APPLICATION

NO: \_\_\_\_\_

Please Print or Type

Name of School / Club: _____	
Address: _____	
City: _____	State: _____ Zip: _____ Country: _____
Fax # : (____) _____	School Phone: (____) _____
How many students? _____	How many Black Belts? _____
How long open? _____	How many Branch Schools? _____
Name of Owner / Head Instructor: _____	
Home Address: _____	
City: _____	State: _____ Zip: _____ Country: _____
Home Phone: (____) _____	Work Phone: (____) _____
Email Address: _____	Cell Phone: (____) _____
Date of Birth: _____	Citizenship: _____
TKD Rank: _____	Other Rank: _____
Other Memberships / Affiliations: _____	

Please accept my application for Charter membership in the ITA. I understand the benefits and privileges of this affiliation and I pledge to comply with all ITA policies and fulfill my obligations as a Charter member.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

Individual Membership (1 year): **\$500.00**  
Individual Membership Renewal (1 year): **\$250.00**

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 \$500.00

Individual Renewal \$250.00

Signature Required: \_\_\_\_\_ Date: \_\_\_\_\_