



# THE INDEPENDENT TAEKWONDO ASSOCIATION

## 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): **\$30.00**  
Individual Membership Renewal (1 year): **\$25.00**

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 \$30.00

Individual Renewal \$25.00

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