



THE INTERNATIONAL COMBAT HAPKIDO FEDERATION

MEMBERSHIP APPLICATION

Please Print or Type

Name: _____ Date of Birth: _____

Address: _____

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

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

Occupation: _____ Email: _____

Martial Arts Background

Art / Style: _____ Rank: _____
(Black Belts attach a copy of highest Dan Certification)

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
(If under 18 years old - Parent or Guardian)

Date