

CLUB MEMBERSHIP APPLICATION
THE INTERNATIONAL MARTIAL ARTS EDUCATION PROGRAM

NEW MEMBERSHIP _____ RENEWAL _____ 20 _____
 NAME OF COUNTRY _____ STATE _____
 NAME OF CLUB _____ PHONE _____
 SCHOOL ADDRESS _____ CITY _____
 STATE _____ ZIP _____ COUNTRY _____
 MAILING ADDRESS _____ CITY _____
 STATE _____ ZIP _____ COUNTRY _____
 NAME OF INSTRUCTOR _____ PHONE _____
 INSTRUCTOR RANK CERTIFICATION NUMBER _____ RANK _____
 ORG. NAME _____ TKD _____ GUMDO _____ HAPKIDO _____
 WHAT MARTIAL ARTS YOU WANT JOIN _____
 INSTRUCTOR'S DATE OF BIRTH _____ FEMALE _____ MALE _____
 INSTRUCTOR'S EMPLOYMENT _____ FULL TIME _____ PART TIME _____
 PERSONAL REFERENCES _____ PHONE _____

The _____ hereby makes application for membership in International Martial Arts Education Program, the information required to accompany application being given below. You will find enclosed \$75.00 for annual dues for _____ Membership year.

CLUB OFFICER	NAME	PHONE
President:-	_____	_____
Vice President	_____	_____
Secretary:	_____	_____
Treasurer:	_____	_____

Date of Club's Organization _____ Current Number of Students: _____

READ CAREFULLY

The club hereby agrees to abide by the Articles and Bylaws and Codes of Operations of the International Martial Arts Education Program. And the District MA Association, and to respect, and abide by and to enforce all decisions of the Corporation and to correctly identify itself in all advertising with respect to titles, affiliations, etc. I understand that failure to do so may result in an imposed penalty

Club President	Instructor	Date
OFFICE USE ONLY	Approved _____ Declined _____	Date _____

SEND COMPLETED APPLICATON AND FEE TO:

Internationa Martial Arts Education Program _____
 9956 West Grand Ave _____ Duk Gun Kwon , President
 Franklin Park IL 60131