



APPLICATION FOR
ASSOCIATE MEMBERSHIP
MUST BE PRINTED CLEARLY, FILLED OUT COMPLETELY, AND SIGNED

UNITED STATES NATIONAL TAEKWONDO FEDERATION
9556 W. GRAND AVE • FRANKLIN PARK, IL 60131
PH: (847) 451-6000
FAX: (847) 451-1333

YEAR _____
NEW _____
RENEWAL _____

WHITE COPY-USNTF YELLOW COPY-CLUB PINK COPY-INDIVIDUAL
(ANNUAL MEMBERSHIP)

- \$25.00 (COMPETITOR)
 \$15.00 (NON-COMPETITOR)

Please Send Application WITH APPROPRIATE AMOUNT OF CERTIFIED CHECK OR MONEY ORDER

DATE OF BIRTH	SEX	AGE	CITIZEN	DATE OF APPLICATION
: :			US	/ /
LAST NAME		FIRST	INITIAL	
_____		_____	_____	
HOME ADDRESS				

CITY	STATE	ZIP CODE		

HOME PHONE ()		BUSINESS PHONE ()		
_____		_____		
MEMBER NO.				

CLUB OR SCHOOL NAME & ADDRESS

STATE TKD ASSOCIATION

I have reviewed the USNTF eligibility and drug use requirements regarding competition. In consideration of my involvement under the auspices of the USNTF acknowledge and agree that:

1. I risk bodily, as well as loss or damage to property;
2. I knowingly and freely assume all such risk;
3. I hold harmless and indemnify the USNTF officers, officials, agents and employees with respect to any and all such injury, death, loss or damage to property, and any and all costs arising therefrom.

Signature of Applicant _____
Signature (Parent/Guardian if minor) _____