

CLUB MEMBERSHIP APPLICATION
THE UNITED STATES NATIONAL TAEKWONDO FEDERATION, INC.
I.M.A.E.P., W.T.C., K.G.A., W.T.H.A

New Membership _____ Renewal _____ Reinstatement _____ 20_____

Name of Club _____ Phone _____

School Address _____

City _____ State _____ Zip _____ Country _____

Mailing Address _____

City _____ State _____ Zip _____ Country _____

Name of Instructor _____ Phone _____

Instructor Rank Certificate number _____ Rank _____

Org. Name: _____ TKD _____ GUMDO _____ HAPKIDO _____

Instructor's Date of Birth _____ Female _____ Male _____

Instructor's Employment _____ Full/Part Time _____

Personal Reference _____ Phone _____

The _____ hereby makes application for membership in the International Martial Arts Education Program, the information required to accompany application being given below. You will find enclosed \$120.00 for a new annual membership, \$75.00 for a renewal annual membership or \$95.00 for a reinstatement renewal membership (1 or more years have passed since my last club renewal) dues for 20_____ 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
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OFFICE USE ONLY Approved _____ Declined _____ Date _____

Send completed application and applicable fees to:
 (Check or Money orders should be made payable to USNTF)

International Martial Arts Education Program
 9956 West Grand Ave
 Franklin Park IL 60131

 Duk Gun Kwon, President