



(Established 1974)

INTERNATIONAL TAEKWON-DO ASSOCIATION™

(International Headquarters)
P.O. Box 281 Grand Blanc, MI 48480, USA

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SCHOOL MEMBERSHIP APPLICATION (Please Print or Type)

NAME OF SCHOOL: _____

ADDRESS (STREET): _____ CITY: _____

STATE: _____ ZIP CODE: _____ COUNTRY: _____

DATE OPENED: MONTH: _____ DAY: _____ YEAR: _____ SCHOOL PHONE: (____) _____

NUMBER OF GUPS AT THIS SCHOOL: _____ NUMBER OF DANS AT THIS SCHOOL: _____

HEAD INSTRUCTOR'S NAME AND RANK: _____

NUMBER OF INSTRUCTORS AT THIS SCHOOL: _____ E-MAIL ADDRESS: _____

ADDRESS TO WHICH ALL CORRESPONDENCE IS TO BE SENT

NAME(LAST): _____ FIRST: _____ INITIAL: _____

ADDRESS (STREET): _____ CITY: _____

STATE: _____ ZIP CODE: _____ COUNTRY: _____

HOME PHONE: (____) _____ WORK PHONE: (____) _____

Submit a list of the names and addresses of all Instructors and Officials of this school. New School affiliations submit, with this application, the First-Year School Membership Fee, plus another School Membership Application and \$50.00 for each additional school you have. All schools must register with the ITA.

I, the undersigned, do hereby agree to register all Instructors, Students, and Schools with the ITA, **at this time**. I understand that my School(s) are subject to inspection by the ITA President and/or other ITA officials at any time. I agree to adhere to all rules, regulations, policies, and procedures as set forth in the ITA Constitution and By-Laws, and by the President and Board of Directors. I understand that all fees, dues, or payments of any kind are non-refundable.

Applicant's Signature

Date:

First-Year School Membership Fee: \$75.00 (Annual Renewal Fee: \$35.00)
(Make All Fees Payable to **ITA**, in U.S. Funds Only)