



FAMILY MARTIAL ARTS CENTRES

MEMBERSHIP APPLICATION FORM

REGION.....

CENTRE.....

PRINT IN CAPITAL LETTERS

MR/MRS/MISS FULL NAME SURNAME

HOME ADDRESS.....

POST CODE

DATE OF BIRTH AGE..... OCCUPATION..... SEX.....

TEL NO MOBILE EMAIL.....

1. Have you had any practice before in any Martial Arts? YES/NO PRESENT GRADE.....
2. If yes, state belt Association/ Club Name
3. Do you suffer from any disease, illness or other physical or mental disorder which might be or become aggravated by the practice of Tang So Do or which might expose you or others to risk? YES/NO (If yes, please state)
4. Have you ever been convicted of a crime of violence YES/NO
If yes give details

DECLARATION 1 (FOR NEW APPLICATIONS)

I the undersigned, wish to apply for membership to the Tang Soo Do Moo Duk Kwan Federation of Great Britain. I hereby agree to abide by the Rules and Regulations of the Federation. I declare that to the best of my knowledge and belief, the information given in this application is correct.

Date: Signature of Applicant.....

DECLARATION 2 (RENEWAL OF MEMBERSHIP)

I the undersigned, wish to apply to renew my membership to the Tang Soo Do Moo Duk Kwan Federation of Great Britain. I hereby agree to abide by the Rules and Regulations of the Federation. I declare that to the best of my knowledge and belief, the information given in this application is correct.

Federation No.
Date of Expiry Signature of Applicant

PART C

For junior members under 18 years old

I the undersigned, hereby give my consent for to apply for membership to the Tang Soo Do Moo Duk Kwan Federation of Great Britain. I declare that to the best of my knowledge and belief, the information given on this application is correct.

Signature of Parent/Guardian

PART D

Recommendation

I recommend the person named below to be a member of the Tang Soo Do Moo Duk Kwan Fed. of Great Britain.

Name of friend or family member Telephone Number.....

REGIONAL USE ONLY

Membership Fee £

Date Paid

Collecting Officer Name

Fed. No.

FEDERATION USE ONLY

Date of Approval/Rejection.....

Fed. No. Issued

Secretary General Signature.....

FEDERATION STAMP

IMPORTANT: If you change your address or telephone number, please let us know in writing to the Secretary General