



MEMBERSHIP APPLICATION FORM

TANG SOO DO GENERAL FEDERATION MOO DUK KWAN

#240, Ssanglim-Dong, Joong-Gu, Seoul Korea | TEL. 82-2-2285-1146 | FAX. 82-2-2275-1443 | INFO@MOODUKWONKOREA.ORG | WWW.MOODUKWONKOREA.ORG | WWW.MOODUKWON.KR

Region Name: _____

Club: _____

MR/MRS/MISS FULL NAME _____ SURNAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

DATE OF BIRTH _____ AGE _____ OCCUPATION _____ SEX _____

TEL. _____ EMAIL _____

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

DECLARATION 1 (FOR NEW APPLICATIONS) _____ * Please enclose 4 passport sized photographs

I _____ the undersigned, wish to apply for membership in the Federation. 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.

Signature of Applicant _____ Date _____

DECLARATION 2 (RENEWAL OF MEMBERSHIP) _____

I _____ the undersigned, wish to apply to renew my membership in the Federation. 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.

Signature of Applicant _____ Federation No. _____ Date of Expiry _____

PART C _____

For junior member under 18 years old

I _____ the undersigned, hereby give consent to apply for membership with the World M. D. K. General Federation M. D. W. I declare that to the best of my knowledge and belief the information given in this application is correct.

Signature of Parent/Guardian _____ Date _____

PART D _____

Recommendation

I _____ the undersigned, hereby recommend the above named to be a member of the World M. D. K. General Federation M. D. W.

Signature of Instructor _____ Date _____

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 immediately in writing to the Secretary General. K. W. Chong
Direct. 010-6279,7807 | info@moodukwonkorea.org