

International ChoSonDo Federation
ChoSon Kwon Bup – Taekwondo – Hapkido – Oriental Medicine
Law Enforcement Defensive Tactics
7252 Valley Avenue
Philadelphia, PA 19128
Tel: (215) 483-5057

INDIVIDUAL MEMBERSHIP APPLICATION

Membership No.: _____ **Annual Membership Fee: \$25.00**
(for office use only)

Full Name: _____ **Sex:** _____
(Last) (First) (MI)

Address: _____

(City) (State) (Zip)

Home Phone: _____ **Work Phone:** _____ **E-Mail Address:** _____

Date of Birth: _____ **Age:** _____ **Nationality:** _____

Current Rank (if any): _____ **Certifying Organization:** _____

Style of Martial Arts: _____ **Instructor's Name & Rank:** _____

School's Name: _____

School's Address: _____

(City) (State) (Zip) **Telephone:** _____

Note: All applicants must submit copies of all certifications. Give a detailed history of your martial arts experience. Be sure to include all instructors and affiliated organizations with addresses and phone numbers on a separate sheet of paper.

LIABILITY WAIVER

I understand that strict observation by me of the rules, regulations, and instruction relative to my training and testing will largely eliminate the possibility of accident or injury. Therefore, I waive any claims against the International ChoSonDo Federation or its branches and/or its principles, its assigns, instructors or any other member in any case of injury resulting from the practice of ChoSon Kwon Bup, Taekwondo, Hapkido, Oriental Medicine, and Law Enforcement Defensive Tactics.

I declare that all of the above information is true and I hereby submit this application with the appropriate fee determined by the International ChoSonDo Federation.

Date: _____ **Signature:** _____