



Alberta Taekwondo Association

BLACK BELT MEMBERSHIP APPLICATION FORM (14 years & Under)

Membership Term: **September 1, 2008 until August 31, 2009**

(Please attach a copy of your Kukkiwon Certificate if this is your first application or if there has been a change in your Dan level).

Please check which term of membership you are applying for.

- One Year Membership(\$15.00)
 Two Year Membership(\$20.00)

Personal Information:

Date: _____

Name: _____ Date of Birth: _____

Address: _____

City: _____ Postal Code: _____

Telephone (res): _____ (bus): _____

Fax: _____ E-mail: _____

Present Degree (Dan): _____ WTF Kukkiwon Certificate number: _____

Do-jang Information:

Your Instructor's Name: _____

Name of Do-Jang (where you train): _____

Do-jang Address: _____

I, _____, hereby apply for full membership in the Alberta Taekwondo Association. I undertake to abide by and be subject to all rules, by-laws and regulations of the said Association.

Signature of Applicant

Signature of Instructor

Signature of Master

ATA-MEMBERSHIP DIRECTOR : 9904-88 Street, Edmonton, AB, T5H 4N2
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Email: Tracy.Bonertz@capitalhealth.ca