



Alberta Taekwondo Association
INSTRUCTOR / DO-JANG MEMBERSHIP REGISTRATION FORM
Membership Term: September 1, 2008 – August 31, 2009

Instructor's Name: _____ Date of Birth: _____
first middle last mm/dd/yy

Present Degree (Dan): _____ WTF Kukkiwon Certificate No.: _____

Mailing Address: _____ City: _____ P.O.: _____

Phone: _(____)_____ Fax: _(____)_____ E-mail: _____

Name of Do-Jang: _____

Do-jang Address (if different than above): _____ City: _____

- PLEASE CHECK ONE:** → () Main Do-Jang-\$125.00, (\$250.00 after Nov. 28)
 → () Branch School (25 or more students)-\$100.00, (\$200.00 after Nov. 28)
 → () Branch (under 25 students)-(\$15.00 – black belt fee; \$30.00 after Nov. 28)

	Dans		Pooms		Color Belts			Number of Students		
	Male	Female	Male	Female	Male	Female		Male	Female	
Able Bodied Persons:							⇒			
Persons with Disabilities:							⇒			
								↓	↓	
Total Students:							←			

I (Instructor's Name), _____, hereby apply for registered Do-Jang membership in the Alberta Tae Kwon Do Association. I undertake to abide by and be subject to all rules, by-laws and regulations of the said Association.

Signature of Instructor

Date

If a Branch School:

Sponsored by: _____ / _____
Master Instructor's Name / Signature

ATA-Membership Director: 9904-88 – 88 Street, Edmonton AB, T5H 4N2
 Phone: 780-994-7196, Fax: 780-472-5599
 Email: Tracy.Bonertz@capitalhealth.ca



Alberta Taekwondo Association

Web Site -- www.taekwondoalberta.com

2008 – 2009 ATA Web Site Information for ATA Dojangs:

Instructor's Name: _____

Name of Do-jang: _____

Do-jang Address: _____

City: _____ Postal Code: _____

Telephone : _____

Fax: _____

E-mail: _____

Web Site Address: _____

Martial Arts Affiliation:

Master's Name: _____

ATA-MEMBERSHIP DIRECTOR:

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