



ABN: 61 535 890 915

TKD - SPORTS TAEKWONDO
MEMBERSHIP APPLICATION FORM - 2018

Individual

ADULTS : \$100
KIDS (UNDER 18) :\$70

Club/Organisations Name: **DOS TAEKWONDO**

Instructors Name: **SERDAR GUNER**

Contact (Mob): **0425 324 443**

STA & WTF MEMBERSHIP (INSURED) - 12mth fee, all ages, 1 February 2018 – 31 January 2019



STA & WTF MEMBERSHIP (UNINSURED) - 12mth fee, all ages, 1 February 2018 – 31 January 2019



Membership Category:

(Please tick)

Head Instructor

Instructor

Coach

Athlete

Kyorugi

Poomsae

Both



Referee

International

STA

Both



Poomsae Judge

First Name: _____

Surname: _____

Date of Birth: _____
(dd/mm/yy)

Nationality: _____

Gender (M/F): _____

Street Address: _____

Suburb: _____

State: _____

Postcode: _____

Moblie Phone: _____

Email: _____

Current Rank: _____
(All Black-belts, if applicable)

Kukkiwon Rank: _____

No.: _____

DECLARATION

I, _____, hereby wish to apply for membership of TKD - Sports Taekwondo Australia and DOS TAEKWONDO acknowledge that I do so of my own free will or that I am authorised on behalf of the above named club or organisation to do so. I acknowledged that in applying to be a member of STA, I / the club or organisation is subject to the Statement of Purposes and Rules of TKD - Sports Taekwondo Australia & DOS TAEKWONDO and its policies, regulations and by-laws. I declare that the information I have supplied in this application is true and correct. I have enclosed payment (cheque / money order) for membership to DOS TAEKWONDO | TKD – Sports Taekwondo Australia.

Signature : _____

Date: _____

Print Name: _____

Signature of Parent / Guardian (if under 18years): _____

Dated: _____

Please Print Name: _____

Contract No.: _____

