

YOM CHI TAEKWON-DO ASSOCIATION® MEMBERSHIP APPLICATION

PRINT OR TYPE

http://www.YOMCHI.org

DATE:			
□ NEW M	1EMBER	□ RENEWI	NG - Y.C.T.A. MEMBERSHIP NUMBER
CURRENT RANK	GUP/DAN	EMAIL ADDRESS	
SEPTEMEBER MEMBERS AI	R 30 TH . YEARI RE HALF PRIC	Y MEMBER	BY THE NATIONAL MEMBERSHIP DIRECTOR BY SHIPS ARE \$30/MEMBER. ADDITIONAL FAMILY HECK WITH YOUR INSTRUCTOR FOR OTHER FEES ED AFTER SEPTEMBER 30 th REQUIRE A \$5 LATE
AMOUNT ATTACHED \$			If you are claiming a family discount please print the family member and membership number. If all family members are newly applying just enter the name
FAMILY MEMBER			FAMILY MEMBER Y.C.T.A. Number
APPLICANT			PARENT/GUARDIAN IF UNDER 18
NAME			NAME
SIGNATURE			SIGNATURE
	NEW TO YO		IF ANY OF YOUR INFORMATION HAS CHANGED CTION:
ADDRESS			CITY
STATE	ZIP	PHONE	M/F D.O.B
SCHOOL			INSTRUCTOR

Note: YOM CHI TaeKwon-Do Association® reserves the right to refuse membership to any individual, school, or association. If this membership is not accepted, the membership fee will be returned in full within thirty days of receipt

IF YOU ARE APPLYING FOR NEW/FIRST TIME MEMEBERSHIP AS ANY OTHER RANK THAN A WHITE BELT YOU MUST ATTACH A COPY OF YOUR LAST RANK CERTIFICATION