



APPLICATION FOR MEMBERSHIP TO CANADIAN ELITE TAEKWON-DO I.N.O. # 239



FOR OFFICE USE ONLY:

RECOMMENDED BY: _____

DATE: ___/___/___

(a member in good standing with I.N.O. # 239)

SPONSORSHIP BY: _____

ACCEPTED

DENIED

CANADIAN ELITE TAEKWON-DO
EXECUTIVE

NAME OF APPLICANT: _____ D.O.B.: ___/___/___ DATE: ___/___/___

ADDRESS: _____

CITY: _____ PROVINCE: _____ POSTAL CODE: _____

PHONE: _____

DO-JANG NAME: _____

ADDRESS: _____

CITY: _____ PROVINCE: _____ COUNTRY: _____

POSTAL CODE: _____ PHONE: _____

INSTRUCTOR (S)	
NAME	RANK

NUMBER OF REGISTERED BLACK BELTS: _____

NUMBER OF REGISTERED MEMBERS: _____

Current or Past Affiliation: _____

I confirm that I am authorized by the above named organization to apply for registered membership with the I.T.F. under the Canadian Elite Taekwon-Do I.N.O. # 239. If accepted as a registered member, I further agree to be bound by the rules, regulations & constitution of the I.T.F., under the Canadian Elite Taekwon-Do I.N.O. # 239.

Name of Applicant (please print)

Date

Signature of Applicant