



With the closing of another wonderful & productive year, we reflect on the past and look forward to the new and exciting USCDKA Adventure that the New Year brings us! We look forward to seeing you at one of our exciting and educational USCDKA Family events in 2009. We have great things in mind for 2009!

Grandmaster Brenda J. Sell, USCDKA President

2009 Black Belt Renewal

First Name _____ Last Name _____ Rank _____ Dan Black Belt

Address _____ City _____ State _____ Zip _____

Home Phone: _____ Work Phone: _____ E-mail Address _____

Instructor _____ USCDKA School Name _____

\$10 late fee after December 31, 2008 **Current Instructor Degree** _____

Option #1: Individual Membership

- I wish to renew my membership for the year 2009.....\$35..... \$ _____
- I wish to renew my membership for 3 years (2009,2010,2011)\$90..... \$ _____

Option #2: Family Membership Savings (May be combined with family student/gup memberships)

- 1 yr. Family membership (3 or more immediate family members of the same household) ... \$90 \$ _____
- 3 yr. family membership (same qualifications as above) \$250 \$ _____

Names of additional family members:

_____	Relationship _____	Rank _____	Birth _____	email _____
_____	Relationship _____	Rank _____	Birth _____	email _____
_____	Relationship _____	Rank _____	Birth _____	email _____

Option #3: Instructor Upgrade (Includes membership & Instructor patch)

I wish to upgrade my: **Instructor Degree \$125** **Master Degrees \$150** \$ _____

- Assoc. Instructor Assoc. Jr./Teen Instructor Instructor Head Instructor Chief Instructor
- Assoc. Master Master Head Master Chief Master Professor Grandmaster Candidate Grandmaster

- Included is a recommendation from my Sr. Instructor,
- Background check application \$50 fee, (Over 18, available from your Instructor) \$ _____

USCDKA Patches: Please send _____ USCDKA patches. Fee: \$6 each \$ _____

Please send _____ Instructor patch for the degree checked above. Instructor=\$7 Master=\$10ea \$ _____

Total Amount Enclosed \$ _____

Payment Information

Please make check or money order made payable to USCDKA. Thank you!

Visa, MC, Amex, Discover Name of card holder _____ Credit Card Number _____
3 digit security (usually on the back) _____ **Expires** _____ **Signature of Cardholder** _____ **Billing Zip** _____

I promise to be loyal and trustworthy to the USCDKA and to my instructor. I understand that I am engaged in a contact sport and agree to hold harmless the U.S. Chung Do Kwan Association, it's members, officers, Instructors, Masters, all schools, and their officials from all damages, costs, injuries, and expenses, however incurred during or as a result of my membership in the U.S. Chung Do Kwan Association.

Applicant Signature: _____ Date _____
(Parent or Guardian's Signature if under 18)