



With the closing of one year and the beginning of a new one, we have an opportunity to reflect on the past and look forward to the future. The future of the USCDKA is bright and innovative. We thank you for your continued support. *Grandmaster Brenda J. Sell, USCDKA KWAN'JANG*

Black Belt Renewal

First Name _____ Last Name _____ Rank _____ Degree Black Belt

Address _____ City _____ State _____ Zip _____

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

Instructor _____ USCDKA School Name _____

\$10 late fee after December 31 each year. Current Instructor degree _____

Option #1: Individual Membership

- I wish to renew my membership for the year\$35 \$ _____
- I wish to renew my membership for 3 years\$90 \$ _____

(May be combined with gups) Option #2: Family Membership Savings

- 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 _____
	Relationship _____	Rank _____	Birth _____
	Relationship _____	Rank _____	Birth _____

Option #3: Instructor Upgrade

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

- Junior (8-12 yrs) Teen Adult
- Associate Instructor Instructor Head Instructor Chief Instructor
- Cadet Master (15-20 year) Assoc. Master Assoc./Jr. Master Master Head Master
- Chief Master Sr. Master (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: \$7 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,Dis 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)