



U.S. Chung Do Kwan Association

P.O. Box 1474 Lakeland, FL 33802

Phone: (863) 858-9427 Fax: (863) 858-4437

Internet: www.uscdka.com

Membership/ I.D. Card Application

First Name: _____ Last Name: _____ Middle Initial: _____

Date of Birth: _____ Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Marital Status: _____ Sex Male Female

Occupation: _____ E-mail Address _____

Taekwondo School or Club Name: _____

Head Instructor: _____ Enrollment Date: _____

Option #1: Individual Membership

- Individual membership for one year\$30..... \$ _____
- Individual membership for 3 years and save \$15.....\$75..... \$ _____

Option #2: Family Membership Savings

- 1 yr. Family membership (3 or more immediate family members of the same household) ... \$75 \$ _____
- 3 yr. family membership (same qualifications as above) \$200 \$ _____

Names of additional family members:

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

The USCDKA membership card must be presented at each belt examination and tournament. Your time in training will be recognized only if: You keep this membership current and you remain actively enrolled in a certified USCDKA school or club.

I promise to be loyal and trustworthy to the USCDKA and to my instructor. I 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.

Signature: _____ Date: _____

Parent or Guardian's Signature if under 18.

Circle form of payment: check or money order made payable to USCDKA Visa MC AE Discover

Account # _____ Exp: _____ 3digit code _____

Signature of Cardholder _____