



U.S. Chung Do Kwan Association, Inc.

P.O. Box 1474
Lakeland, FL 33802
www.uscdka.com

MEMBERSHIP RENEWAL

Dear Member,

On behalf of Grandmaster Sell and the staff here at the USCDK National office, we send our best regards. We hope this letter finds you training towards your Black Belt. It you have been absent for a while, we wish to encourage you to contact your Instructor and become active once again. You are important to us! As we grow, so will you. We support you as you set your sights on the goal of becoming a Black Belt.

This form is being sent to assist you in your USCDKA Renewal. It is to your advantage to renew as soon as possible: a delayed response incurs late fees and could eventually result in removal of your name from our records. Complete this form and mail it today. If you have already sent in your Membership Renewal Fee, please disregard this notice.

First Name _____ Last Name _____ Middle Initial _____
 Home Address _____ City _____ State _____ Zip _____
 Date of Birth _____ Home Phone () _____ Marital Status _____ Sex Male Female
 Occupation _____ Email Address _____
 Belt Rank _____ Taekwondo School Name _____ Senior Instructor _____

2015 Annual Renewal Fees: Membership renewal fee due by the end the month listed above.
(If paid after the month listed above, add a late fee of \$5)

Option #1: Individual Membership

- I wish to renew my membership for the year\$30..... \$ _____
- I wish to renew my 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 _____

Payment Amount \$ _____

- check or money order made payable to USCDKA Visa MC Dis AE

Name of card holder _____ Credit Card Number _____
 3 digit security (usually on the back) _____ Expiration Date _____ Signature of Cardholder _____

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.

Signature: _____ Date _____

(Parent or Guardian's Signature if under 18 yrs. old)