



**ITF**

INTERNATIONAL TAEKWON-DO FEDERATION – U.S.A.



**INDIVIDUAL MEMBERSHIP APPLICATION**

ITF Online Number: \_\_\_\_\_

**MEMBER INFORMATION**

Member: \_\_\_\_\_ M  F

First name \_\_\_\_\_ Last name \_\_\_\_\_

Date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_\_  
(MM/DD/YYYY)

Current Rank: \_\_\_\_\_ If Black, Degree: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

COLOR BELT RECORD	
Rank	Date
Green	
Blue	
Red	

BLACK BELT RECORD		
Rank	Date	ITF#
1 <sup>st</sup>		
2 <sup>nd</sup>		
3 <sup>rd</sup>		
4 <sup>th</sup>		
5 <sup>th</sup>		
6 <sup>th</sup>		
7 <sup>th</sup>		
8 <sup>th</sup>		
9 <sup>th</sup>		

**SCHOOL INFORMATION**

Name of School/Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

School Phone: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email: \_\_\_\_\_

Head Instructor: \_\_\_\_\_ Rank: \_\_\_\_\_ ITF Plaque Certificate: \_\_\_\_\_

**INSTRUCTIONS**

**NOTE: This application will not be accepted without proper information.**

Please mail completed application and fees (check payable to "ITF-USA") to:

Mr. Jason Morris, VI Dan  
ITF-USA  
c/o Mightyfist TKD  
1072 S De Anza Blvd. A105  
San Jose CA 95129

Questions?

Phone: 408-410-3494 | Email: mrmorris@itf-usa.org