



# JAMAICA TAEKWON-DO ASSOCIATION

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## MEMBERSHIP APPLICATION FORM

### PERSONAL INFORMATION

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Phone: Mobile 1: \_\_\_\_\_ Mobile 2: \_\_\_\_\_ Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

School/Office Name: \_\_\_\_\_

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

Previous Martial Arts Experience: \_\_\_\_\_

Medical Conditions if any: \_\_\_\_\_

### REFERENCE

Name: \_\_\_\_\_

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

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

### IF UNDER 18 YEARS PARENT/GUARDIAN INFORMATION OR EMERGENCY CONTACT INFORMATION

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Occupation: \_\_\_\_\_

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

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

*Participation in any training session or club/school activity does not make students or instructors responsible for any physical or psychological injury that may occur as a result of aforementioned participation. Fees are non-refundable.*

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

### THIS SECTION FOR USE BY OFFICIAL ONLY

Student Membership Number: \_\_\_\_\_ Expire Date: \_\_\_\_\_

**CURRENT RANK**

**DATE OF EXAM**

**RESULT**

CURRENT RANK	DATE OF EXAM	RESULT	2# CURRENT Photograph

Directors: Arthur Barrows, Denise Romero, Kurt Williams, Peter Lue Joleen Masters, Carlyle Gray, Nicholas Dusard, Herbert Stewart

**AFFILIATED TO: The International Taekwon-Do Federation Benidorm Spain**