



# UNITED STATES HAEDONG KUMDO ASSOCIATION

## 미국 해동검도 협회

Association Headquarters  
1431 Dexter Lake Dr 402  
Cordova, TN 38016  
201-478-2488



### MEMBERSHIP APPLICATION for

Gup                       Dan

Official Only

Membership No.	_____
Region	_____
Expiration Date	_____
Other	_____

PLEASE PRINT

Name \_\_\_\_\_ Date of Birth\* \_\_\_\_\_  
Last First Initial Mo Day Year

Address \_\_\_\_\_  
No, Street City  
State Zip Country

Tel. No. ( ) \_\_\_\_\_  Male  Female

Education \_\_\_\_\_ Occupation \_\_\_\_\_ Position \_\_\_\_\_

Current Rank: For Gup: No \_\_\_\_\_ WhatGup \_\_\_\_\_  
If Any

For Dan: Dan No \_\_\_\_\_ What Dan \_\_\_\_\_

Name of School \_\_\_\_\_ Rank & Name if Instructor \_\_\_\_\_

School Address \_\_\_\_\_

If you are teaching, describe your school and classes \_\_\_\_\_

Are you interested in obtaining an instructor's license?  Yes  No

I am applying for membership in the United States Haedong Kumdo Association, LLC. and shall respect and obey all rules and By-Laws of the Association.

Date \_\_\_\_\_ Applicant \_\_\_\_\_

Fee enclosed \$ \_\_\_\_\_ Guardian \_\_\_\_\_  
If applicant is under 18

School recommendation:

I recommend the above applicant for membership of the United States Haedong Kumdo Association.

Name of School \_\_\_\_\_

Chief Instructor \_\_\_\_\_

Signature

After filling out the application, retain the duplicate copy in school files. The original and the fee should be sent to: **United States Haedong Kumdo Association, LLC.** Association Hqs, 1431 Dexter Lake Dr #402, Cordova, TN 38016. Make check or money order payable to United Korean Martial Arts Foundation.

• If approved, Gup membership will automatically terminate when the applicant achieves Black Belt or stops training for a period of more than one (1) year. Dan membership shall renew annually.