



PAN-AMERICAN TANG SOO DO FEDERATION

MEMBERSHIP APPLICATION

FOR BLACK BELT

H.Q. USE ONLY
MEMBERSHIP NO. _____

PLEASE PRINT

Name _____ Birthdate ____/____/____
Last First Middle Initial Month Day Year

Address _____
No. Street City
State Zip Country

Tel. No (____) _____ Email Address _____ Male Female

DEGREE	DATE OF PROMOTION	SCHOOL	INSTRUCTOR
1 st Dan	_____	_____	_____
2 nd Dan	_____	_____	_____
3 rd Dan	_____	_____	_____
4 th Dan	_____	_____	_____
5 th Dan	_____	_____	_____
6 th Dan	_____	_____	_____

SCHOOL OR CLUB'S RECORDS (Only those operating a School or Club)

NAME OF SCHOOL OR CLUB: _____ TEL. NO. (____) _____

ADDRESS _____ DATE ESTABLISHED _____

APPROXIMATE NUMBER OF STUDENTS _____

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

I am applying for membership in the Pan-Am Tang Soo Do Federation and will respect and obey all rules and By-laws of the Federation.

Date: _____ Applicant: _____

Fee Enclosed: _____ Guardian: _____

(if applicant is under age 18)