



PAN-AMERICAN TANG SOO DO FEDERATION MEMBERSHIP APPLICATION

FOR COLOR BELT

H.Q. USE ONLY

Membership No. _____
Region _____
Exp. Date _____
Other _____

PLEASE PRINT

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

Address _____
No. Street City
State Zip Country

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

Education _____ Occupation _____

CURRENT RANK

Color Belt _____ Gup _____

Name of Karate School: _____

Address of Karate School: _____

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)

SCHOOL RECOMMENDATION

I recommend the above applicant for membership in the Pan-Am Tang Soo Do Federation.

Name of School: _____

Chief Instructor: _____

*If approved, Gup membership will automatically terminate when the applicant achieve Black Belt status of stops training for a period of more than 1 year.
*After completion, submit this form and enclosed fee to the address below. Make checks or money orders payable to the Pan-Am Tang Soo Do Federation.

Pan-Am Tang Soo Do Federation
World Headquarters
1450 Mount Rose Avenue
York, PA 17403-2908