



# THE INTERNATIONAL COMBAT HAPKIDO FEDERATION

## INDIVIDUAL MEMBERSHIP APPLICATION

(Please Print or Type)

Name \_\_\_\_\_  
(First) (Last)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ S.S.# \_\_\_\_\_

Occupation \_\_\_\_\_

(Martial Arts Background)

Art/Style \_\_\_\_\_ Rank \_\_\_\_\_  
(attach a copy of rank certificate)

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

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Name of Your Instructor \_\_\_\_\_ His Rank \_\_\_\_\_

Memberships/Affiliations \_\_\_\_\_

Please accept my application for membership in the International Combat Hapkido Federation.  
I have enclosed my membership dues.

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_