



# THE INTERNATIONAL COMBAT HAPKIDO FEDERATION

## MEMBERSHIP APPLICATION

————— Please Print or Type —————

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

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

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

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

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

### ————— Martial Arts Background (if applicable) —————

Art / Style: \_\_\_\_\_ Rank: \_\_\_\_\_  
(Black Belts attach a copy of highest Dan Certification)

Your Instructor's Name: \_\_\_\_\_

School Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

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

Please accept my application for Individual membership in the International Combat Hapkido Federation.  
I have enclosed my membership dues (select one): 3 YRS. \$145  LIFETIME: \$245

\_\_\_\_\_  
Applicant Signature  
(If under 18 years old - Parent or Guardian)

\_\_\_\_\_  
Date